



Scrutiny Committee

Wednesday 2 December 2015 at 7.00 pm

Boardroom 3-5 - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Kelcher (Chair)
Colwill (Vice-Chair)
Daly
Farah
Long
Miller
Stopp
Tatler

Substitute Members

Councillors:

Agha, Hector, Khan, J Mitchell Murray, Nerva,
Ketan Sheth and Thomas

Councillors:

Kansagra and Maurice

Co-opted Members

Ms Christine Cargill
Mr Alloysius Frederick
Dr J Levison
Mr Payam Tamiz
Iram Yaqub
Vacancy

Observers

Ms J Cooper
Ms C Jolinon
Mrs L Gouldbourne
Brent Youth Parliament representatives

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item	Page
1 Declarations of interests	
Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2 Deputations (if any)	
3 Minutes of the previous meeting	1 - 6
4 Matters arising (if any)	
5 Update on the procurement processes for five General Practice services in Brent	7 - 12
This paper is to provide the Scrutiny Committee with a briefing and update on the processes being undertaken by NHS England to procure contracts to continue services for patients of five practices across Brent.	
6 CCG Commissioning Intentions	13 - 44
The report provides a summary of the commissioning intentions and the processes and engagement that has supported their development.	
7 South Kilburn regeneration programme	45 - 60
This report provides an update to Members of the Scrutiny Committee of the progress of the South Kilburn Regeneration Programme. It sets out the main aims, achievements to date and ambition of the programme.	
8 Scrutiny key comments, recommendations and actions	61 - 84
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10 Any other urgent business	
Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before	

the meeting in accordance with Standing Order 64.

Date of the next meeting: Wednesday 6 January 2016



- Please remember to ***SWITCH OFF*** your mobile phone during the meeting.
- The meeting room is accessible by lift and seats will be provided for members of the public.

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MINUTES OF THE SCRUTINY COMMITTEE **Thursday 5 November 2015 at 7.00 pm**

PRESENT: Councillor Colwill (Chair), and Councillors Daly, Farah, Kelcher, Stopp and Tatler, together with Ms Christine Cargill, Mr Alloysius Frederick, Dr J Levison and Iram Yaqub

Also Present: Councillors Long and Perrin

Apologies were received from: appointed observer Lesley Gouldbourne

1. Dan Filson

Councillor Colwill spoke of the shocking news that Dan Filson had died a few days previous to the meeting.

The committee stood in silence for one minute in memory of Dan Filson.

Councillor Colwill and the other members of the committee paid tribute to Dan Filson remembering him for his committed work as chair of the Scrutiny Committee, the high principles he lived by, intelligence and the generous time he put into being a local councillor.

2. Declarations of interests

None declared.

3. Deputations

None

4. Minutes of the previous meeting

RESOLVED:-

that the minutes of the previous meeting held on 8 October 2015 be approved as an accurate record of the meeting.

5. Matters arising

Parking strategy 2015

Members asked for the data listed at the end of minute 6 to be supplied.

6. Brent Local Safeguarding Children Board Annual Report

Councillor Colwill welcomed Mike Howard, independent chair of the Brent Local Safeguarding Children Board (LSCB) to the meeting.

Mike Howard stated that he had been newly appointed to the role of chair on 1 June 2015 and it was his responsibility to present the annual report of the LSCB. Having outlined the statutory guidance underpinning the LSCB, Mike Howard referred to aspects of the annual report dealing with:

- children missing from education, which showed a reduction in the number of cases and that the Quality, Audit and Outcomes sub-group now included this data set,
- domestic abuse, where more emphasis would be placed on establishing the impact this had on children, and
- private fostering, which was felt to be under reported and action would be taken to improve the data set supporting this.

Under the heading of Governance and Accountability, Mike Howard explained that he had made a number of changes to the meeting frequencies and structure of the sub-groups. Referring to the budget contributions, he had raised the feeling that the Metropolitan Police contribution could be more but acknowledged that this was governed by the Mayor of London's office. Turning to the Board's priorities, Mike Howard referred to the thematic inspection carried out in October 2014 by OFSTED which had refocused the work on child sexual exploitation (CSE). He stated that a lot more work was needed on harmful practices, especially female genital mutilation (FGM). With reference to the training programme, Mike Howard stated that significant progress had been made utilising Learning Pool and further work was going into evaluating the effectiveness of the training.

Members of the committee asked a series of questions of the Chair and the officers supporting the Board. It was explained that the OFSTED inspection concerned CSE and had been a thematic one with Brent being one of ten authorities involved. It had found examples of some good front line practice but the Board needed to strengthen its oversight of the issue. With regard to appendix C of the report, it was explained that membership of the groups changed during the year and that partly explained why some members had attended fewer meetings. An undertaking was given to supply the number of incidences of CSE reported to the Council and whether any convictions had resulted. In response to a comment, Mike Howard agreed that the report in future needed to include more information on the impact of the work of the Board.

Referring to the school section 11 undertaken and those schools that had not completed the audit, it was explained that efforts were being made to engage more with schools and colleges to ensure they all kept their child protection procedures up to date. Using the example of landlord licensing it was stated that a number of Council officers had cause to visit properties and it was confirmed that there was a requirement for all such staff to be aware of safeguarding issues for both children and adults and to report any concerns they had. In response to a question about the funding cuts faced by the Metropolitan Police and how this would impact on the work of the Board, it was explained that as with all the agencies dealing with cutbacks, it affected their ability to attend meetings and free staff to support the work of the Board.

Although NHS England was now starting to collect data from GPs on incidents of FGM, it was asked if Brent had any current data. Mike Howard undertook to look into this and inform members accordingly. With regard to work on anti radicalisation, it was explained that this was the responsibility of schools and colleges and the role of the Board was to be aware of the activities and monitor their impact. The Council had undertaken a range of creative work with schools and colleges on this matter and the Board would seek engagement with the schools as partners in this work.

Members expressed concern that the Board did not have a specific strand of work on looking at the welfare of those children who were homeless. It was felt that children who moved around the country as a result of a lack of permanent housing faced issues around health and welfare. Members were re-assured that the Board sought to capture children in such circumstances and a representative of the housing service sat on the Board. In addition the housing service and children services worked jointly on assessing the impact that the housing situation and the welfare reforms were having. However, it was acknowledged that there had not been specific work carried out on the impact of the housing crisis on children. The Committee recorded its concern over the issue of transitory families and the effect this could have on children and that all the partner agencies were fulfilling their responsibilities in this area.

In response to questions regarding the outcome of the work of the Board and the evaluation of the training, Mike Howard explained that information was sought by asking people and data was collected to measure activity. The effect of the training was in how it impacted on performance and he stated that it was resource intensive to capture this. Nevertheless it was an area that was being looked at and the suggestion of asking staff three months after their training what difference it had made was noted. It was confirmed that the work around children missing from education included those missing from home and care as well. It was requested that figures be supplied on children missing from education divided between the primary and secondary sectors.

Mike Howard was requested to return to the Committee in spring 2016 to report on the outcome of the Government's spending review announcement and what impact this was having on the work of the LSCB.

In recognition of the overlap between the work of the LSCB in overseeing the effectiveness of child safeguarding and promoting the welfare of children in Brent and the role of the Council's children services, the committee requested that an item be included in the Committee's work programme on the report due from the recent OFSTED inspection of children's social services.

Requests for information

- number of incidences of CSE reported to the Council and whether any convictions had resulted.
- the data held by the Council on FGM.
- figures on children missing from education divided between the primary and secondary sectors.

RESOLVED:

- (i) that the LSCB annual report be noted;
- (ii) that the Committee's concerns regarding the welfare of children within transitory families and temporary housing be passed back to the Board.

7. Scrutiny task group on Closed Circuit Television (CCTV)

Councillor Kelcher introduced the scrutiny task group report and stated that he had been determined to hear what residents had to say on the matter. He introduced Sandria Terrelonge from Heather Park Neighbourhood Watch to the meeting who had participated on the task group along with Mike Wilson from the Harlesden Town team. Councillor Kelcher referred to the five points listed under the report's executive summary and stated that the task group had decided not to produce easy and popular based recommendations and so some would be challenging to implement. Councillor Long added that the task group members had visited Enfield Council's CCTV control room and learnt about some cost saving measures.

In answer to questions, Councillor Kelcher stated that the law on the deployment of CCTV was more strict than he had at first realised and if this was better understood people would be less concerned about the privacy aspect. Reference was made to the Cleaner Brent App and if this could be linked to CCTV. It was explained that the officers that monitored the CCTV did report incidents of dumping when they witnessed it but they did not receive feedback so did not have statistics on the outcome of this. Concern was expressed that by adopting a traffic light approach to deploying CCTV, this would take from areas of less crime which would then be vulnerable to an increase in crime. There was no central record of all CCTV in the borough and it was felt this would be a useful piece of work to undertake. Asking social landlords and private developers to ensure they provided adequate CCTV coverage had the danger of the costs being passed on to the tenants.

Councillor Denselow (Lead Member for Stronger Communities) responded to the report by saying that it would help inform the CCTV strategy being developed. He identified eleven of the recommendations as being capable of either being included in the strategy or that were already in progress. The other eleven recommendations would need to be further explored with input from other parts of the Council such as legal and planning. However, he felt all the recommendations could be implemented and had detailed responses to each of them he could provide.

RESOLVED:

- (i) that the recommendations of the scrutiny task group on closed circuit television (CCTV) be approved and the development of an action plan across the Council and with partner organisations be supported;
- (ii) that a progress report against the recommendations be submitted to the committee in six months time.

8. Scrutiny task group on Fly tipping

Councillor Stopp introduced the report of the task group by stating that there was significant public concern about the issue and there was a need to rethink how the

matter was dealt with. The implementation of the recommendations of the task group would not incur additional resources. He introduced Mr Chirag Gir as a member of the task group. Mr Gir explained that he was one of 400 Wembley residents who had raised with their local councillors the opportunity to work with different community groups in the area to improve the cleanliness of Wembley.

It was suggested that the recommendation to give the Cleaner Brent App further publicity could be actioned by adding a footnote to Council correspondence. It was pointed out that a lot of the recommendations involved Veolia and it was questioned whether Veolia would take on these suggestions. With regard to the collection of bulky waste, the view was put that it was important to provide an efficient collection service to avoid it being dumped. Reference was made to the people whose job it was to go out in the borough and it was asked whether they had a duty to report dumped waste. Questions were asked on how the suggested community clean-ups might work.

In response, Councillor Stopp felt that those people who through their jobs came across dumped rubbish had an obligation to report it back to the Council. He stated that one of the reasons for proposing community guardians was to provide support to people who might otherwise feel isolated when reporting dumped rubbish. Community groups might be empowered to take responsibility for getting rubbish cleared. A point was made that it was more difficult for people without a car to get their rubbish removed and that the report dealt more with clearing dumped items rather than looking at the causes for items being dumped.

Councillor Southwood (Lead Member for Environment) thanked the members of the task group for their work. She stated that there was nothing in the recommendations affecting Veolia that could not be implemented through the current contract the Council had with them. She supported the point made about language leading to a misunderstanding of what fly tipping was. Emphasis need to be placed on the illegality of dumping because not all items dumped was rubbish. She felt that none of the recommendations presented anything that was unachievable or undeliverable. She agreed that local people needed to be empowered to take action against illegal dumping. The Council was already in discussion with Veolia to provide a quicker service to landlords so that they did not resort to dumping items. Councillor Southwood supported the idea of producing a charter in which it could be made clear that anyone could contribute to making Brent a cleaner borough and it could include the message that the Council would adopt a zero tolerance to people found dumping items.

RESOLVED:

- (i) that the recommendations of the scrutiny task group on fly tipping be approved and the development of an action plan across the council and partner organisations to take them forward be supported;
- (ii) that a progress report against the recommendations be submitted to the Scrutiny Committee in 6 months time.

9. Scrutiny forward plan

The committee asked for the report due from the recent OFSTED inspection of children's social services to be included in the forward plan (see minute 6 above).

RESOLVED:

that the Scrutiny Committee forward plan be noted and the report due from the recent OFSTED inspection of children's social services be added.

10. **Scrutiny key comments, recommendations and actions**

The actions listed against the key comments and recommendations from meetings of the Scrutiny Committee during 2014/15 were noted.

11. **Any other urgent business**

None.

The meeting closed at 9.55 pm

R COLWILL
Vice Chair in the Chair



Scrutiny Committee 2 December 2015

Report from the Chief Operating Officer

For Information

Covering Report for Scrutiny on Brent HOSC Procurement Processes

1.0 Summary

- 1.1 This paper is to provide the Scrutiny Committee with a briefing and update on the processes being undertaken by NHS England to procure contracts to continue services for patients of five practices across Brent.

2.0 Recommendations

- 2.1 That the Scrutiny Committee notes the briefing and timeline for the procurement process.
- 2.2 That the Scrutiny Committee receives an update in March 2016.

3.0 Detail

- 3.1 This paper sets out:
- Key information about the five practices and the proposals for them
 - Details of the public and stakeholder engagement processes being undertaken.
 - How the outcomes of the engagement process and the equality impact assessments will influence the tendering process, particularly the service specifications
 - The process of inviting tenders and the overall timeline

4.0 Financial Implications

- 4.1 None

5.0 Legal Implications

- 5.1 None

6.0 Diversity Implications

- 6.1 None

Contact Officer

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Update on the procurement processes for five General Practice services in Brent

1.0 Summary

1.1 This paper is to provide the Committee with a briefing and update on the processes being undertaken by NHS England to procure contracts to continue services for patients of five practices across Brent. This paper sets out

- Key information about the five practices and the proposals for them
- Details of the public and stakeholder engagement processes being undertaken.
- How the outcomes of the engagement process and the equality impact assessments will influence the tendering process, particularly the service specifications
- The process of inviting tenders and the overall timeline

2.0 Recommendations

2.1 That the Committee note the briefing and timeline for the procurement process.

2.2 That the Committee receive an update in March 2016.

3.0 Background

3.1 There are five practices in Brent whose current contracts have come to an end or will come to an end in the next twelve months. NHS England and Brent Clinical Commissioning Group agreed in August 2015 that services to the patients of those practices must be continued and that procurement processes should be initiated to put in place new contracts for those services.

3.2 The NHS is required to have regard to key legislation in relation to procuring services.

3.3 Public Contract Regulations (2006; amended 2009) require that there is

- Best use / accountability of public money
- Give all providers the opportunity to bid
- Give patients the best available service

3.4 Public Service (Social Values) Act 2012 requires that we

- Consider economic, social & environmental wellbeing of the area in which service procured

3.5 Also importantly, National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 require that we secure

- Value for Money for tax payers
- Improve services for patients
- Engage with patients
- Feedback to patients
- Inform of outcomes

3.6 Engagement processes with patients and stakeholders are being carried out before finalising the proposals and completing service specifications that are to go out to tender.

4.0 Overview of the practices

4.1 The table below shows the practices whose contracts are ending, the contract end dates, size of the practices and proposed approach to procuring new contracts for continuing the services.

Practice	Contract End Date	Practice List Size	Proposal
Brent Access Centre (not walk in service) Wembley Centre for Health & Care	30.06.16	7100	Re-procure a new contract to provide a service at the same site
Burnley Practice, Willesden Centre for Health	30.10.16	4738	Re-procure a new contract to provide a service at the same site
Acton Lane Surgery Acton Lane Harlesden	Expired. Extended to facilitate procurement process only	3694	To bring together this list with that of Harness Harlesden Practice under one contract for procurement. The proposal is to site the service at Hillside Primary Care Centre
Harness Harlesden, Hillside Primary Care Centre, Hilltop Avenue, Harlesden	30.06.16	2500	To bring together this list with that of Acton Lane Surgery under one contract for procurement. The proposal is to site the service at Hillside Primary Care Centre
Sudbury Surgery, Sudbury Primary Care Centre, Vale Farm, Wembley	30.09.16	7733	Re-procure a new contract to provide a service at the same site

5.0 Engagement

5.1 NHS England commenced engagement with patients and key stakeholders at the end of September 2015. This included but was not restricted to engagement with

- All patients registered with the practices
- Local Healthwatch
- Health Overview and Scrutiny Committees
- Local Councillors
- PPGs of the practices (where they existed).

5.2 All registered patients were written to at the beginning of October 2015 inviting them to give their views on the proposals for the service, what they valued about their current service or would like to see changed and give any specific feedback on the proposals. Patients have been asked to feedback online or via a paper return that was provided to them. It is important to note that the engagement is on the proposed range of services, the sites of the services and local specific needs that should be taken into account and

not the intention to procure replacement services. As explained earlier in this paper, it is clear the services must continue and in order to do so, and be compliant with legislation, an open procurement process needs to be undertaken.

5.3 Engagement events were also held at each site during October and November, when patients were invited to attend presentations from NHS England staff on the process and proposals and give direct feedback either individually or as a group.

5.4 Originally, the engagement period was due to close in the first week of November but patients from three of the practices fed back that they had not received the notification letters until late. Therefore the engagement period has been extended to 22nd November 2015 and additional engagement events are taking place to ensure patients have the opportunity to feed back to us. It is therefore not possible to provide the Committee with the engagement outcome report as part of this paper.

5.5 Service Specification

5.6 The standard service provision required of the new contractors is summarised as

Appointments

- Opening Times: 8am – 6.30pm. Sat am 9am – 1pm
- Same day and next day appointments available
- Appointments available 4 weeks in advance
- Can make an appointment at first attempt without having to call back
- Appointment booking at reception, by telephone, or on line
- Consultations available face to face, telephone, email or Skype if required
- Consultations within 30 minutes of appointment time

Using Information Technology

- Book / cancel appointments
- Order repeat prescriptions
- View your medical record
- Consult with your doctor
- Find information about the surgery on the surgery website

Types of Clinical Services

- Health promotion to help people stay fit and healthy
- Screening for serious conditions
- Supporting patients to manage their long-term conditions
- Special support for patients who are terminally ill
- Vaccinations and immunisations
- Contraception
- Maternity Medical Services
- Child Health Services
- Minor surgery

5.7 However, we need input from people who will be using the services on whether this would meet their needs, how it compares with their current services and whether there is the need for tailoring of the service to accommodate specific requirements relevant to that local area or population.

5.8 Patient and stakeholder feedback will be used to modify the specification for each practice. In addition, an engagement feedback report will be provided to those individuals or organisations who wish to tender for the contracts. They will be required to include in their tender how they will meet the needs set out by the patients.

5.9 Equality Impact Assessment

5.10 Equality Impact Assessments have been completed for each practice intended for procurement. Their findings together with the engagement outcomes and other relevant information, such as estates assessments, will be considered and used to shape the proposals for the services and the service specifications.

6.0 Procurement Timeline

6.1 The intended procurement timetable is set out below. There may be a requirement to amend this slightly as the process goes on to accommodate any delays, for instance the longer engagement period.

Patient and Stakeholder Engagement	October and November 2015
Advert and Pre-Qualification Questionnaire	Mid November 2015
Invitation to Tender (including Patient views)	February 2016
Bid Deadline	March 2016
Announcement of Preferred Bidder	June / July 2016
Mobilisation period begins	August 2016
Service commencement	September/October 2016

6.2 The Pre-Qualification Questionnaire (PQQ) process has been initiated recently. This invites individuals and organisations interested in tendering for one or more contracts to complete a set of pre-qualifying questions and provide key information and documentation about their organisations. This allows the required checks and due diligence to be completed on those parties by NHS England to ensure they are fit to hold a contract with the NHS for delivery of these services.

6.3 This part of the process lets interested parties know the number of contracts that will be advertised, the area they are in and an indication of their size. Once this process is complete, only those individuals/organisations who meet the requirements are allowed to later tender for the contracts.

6.4 In February, the completed specification and other documentation will go out with the invitation to tender (ITT). The contract price and currency is set and those putting in tenders are informed of those details as part of the ITT stage.

6.5 Once the deadline for bids has passed the assessment of those bids will commence. The assessors are a panel of subject matter experts such as commissioners, finance leads, premises leads, human resources leads and patients. The patients on the assessment panels are from different areas to where the practice will be based to ensure no conflict of interest. As part of the assessment the tendering organisations will be interviewed by a panel that must include a patient.

6.6 The successful tenderer will be the one who best demonstrates they can deliver the specification to the required quality standards. The financial value of the contracts is set by NHS England at ITT stage and therefore there is no financial 'bidding' as such. The announcement of the successful tender is expected in June/July 2016.

6.7 The successful tenderers will then commence their mobilisation plan implementation to ensure service start from September or October dependant on when the current contracts expire.

Report to: Brent Scrutiny Committee

Report from: NHS Brent CCG

Date of Meeting: 2nd December 2015

Subject: CCG Commissioning Intentions

1. Purpose of the Paper

- 1.1 The purpose of this briefing paper is to set out the CCG's commissioning intentions for 2016/17 within the context of the national and local planning environment that the CCG is operating within.
- 1.2 The report provides a summary of the commissioning intentions and the processes and engagement that has supported their development. A copy of the full commissioning intentions can be found at the CCG's website via the following link:

http://brentccg.nhs.uk/en/publications/cat_view/1-publications/12-plans-and-strategies/18-commissioning-intentions
- 1.3 The CCG's statutory commissioning functions broadly include commissioning community and secondary care health services (including mental health services) for:
 - a. All patients registered with its Members; and
 - b. All individuals who are resident within the London Borough of Brent who are not registered with a member GP practice or any Clinical Commissioning Group (e.g. unregistered);
 - c. Commissioning emergency care for anyone present in the London Borough of Brent.

2. Considerations for the Scrutiny Committee

- 2.1 In reading this paper, the OSC should consider:
 - a. Do you agree that the priorities address the health needs of the local population, given our available resources?
 - b. Do members wish to comment on the engagement approach undertaken?
 - c. Are there other comments members wish to highlight?

3. The range of services commissioned

- 3.1 Brent CCG commissions a range of services to meet national performance requirements and to provide equality and consistency of access to healthcare services in relation to key NHS Constitution pledges to improve:
 - a. A&E waiting times to treatment (4 hours)
 - b. Referral to treatment waiting times for non-urgent consultant led treatment (RTT);
 - c. Cancer waits (2 weeks);
 - d. Dementia diagnoses;

e. Diagnostics access/ test waiting times.

3.2 The commissioning intentions set out the CCG's intentions with regard to the range of services it has responsibility for commissioning across community and secondary care services, including urgent care, planned care, community services, long-term conditions, primary care, integration of health and social care, children's services, maternity, mental health and learning disabilities.

3.3 The commissioning intentions serve as a notice to all providers of community and secondary care services about which services and models of care will be commissioned by NHS Brent CCG in the coming financial year. The Commissioning Intentions provide a basis for robust engagement between NHS Brent CCG and its providers, and are intended to drive improved outcomes for patients, while transforming the design and delivery of care, within the resources available.

4. Needs Assessment Informing the Commissioning Intentions

4.1 Brent is an outer London borough in north-west London. It has a population of 321,009 and is the most densely populated outer London Borough. Brent has 66 member practices which are all aligned to one of the five locality based groups in Harness, Kilburn, Kingsbury, Wembley and Willesden. 18 practices have a registered list of fewer than 3,000 patients and 5 practices have a registered list of greater than 10,000 patients.

4.2 Key health challenges within the borough include:

- a. Preventing premature mortality. The largest causes are circulatory disease (29.4%), cancer (19.5%), and respiratory disease (9.8%). For females, the biggest contributor to the gap is circulatory disease (25.4%) closely followed by cancer (25.8%) and respiratory disease (18.4%)
- b. Rising rents and house prices in the borough are some of the biggest challenges which residents face and data shows that there has been a shift from owner occupation to the private rented sector. Pressure on household budgets and high rents have led to Brent having the second highest overcrowding rate in London after Newham (ONS).
- c. Type 2 diabetes rates in Brent are particularly high compared to other parts of the UK. Brent saw a 38% increase in the prevalence of diabetes between 2008/09 and 2012/13. This is likely to be due to a combination of population growth, improved detection and recording on GP systems, as well as an increase in the actual prevalence. It is estimated that one in four people with diabetes in London are undiagnosed. The prevalence of diabetes in Brent is projected to rise, fuelled by the ageing of the population, increasing numbers of people who are obese and overweight, and the high proportion of black and south Asian ethnic groups in the borough who are more susceptible to diabetes.
- d. Dementia –can have a significant impact on those who live with the condition, their families, their carers and society more generally. Twelve percent of deaths in Brent had a contributory cause of Alzheimer's disease, dementia and senility in 2008-10. This is however lower than the England average of 17%. Predictions for

the future prevalence of dementia in Brent is projected to rise significantly. By 2020 it is predicted that the number of people living in Brent with dementia will increase markedly, by 32 percent in those aged 65 and over.

5. Financial Planning

- 5.1 Brent's financial environment is changing in 2015/16. Brent CCG is considered over our "target allocation" and as a result we received the minimum increase in 2015/16 which was 1.94%;
- 5.2 In 2015/16 Brent CCG is planning to achieve a surplus of £16.5 million.
- 5.3 At M8 we are reporting breakeven to plan year-to-date and forecast outturn, however, we are experiencing high growth in Acute activity and have been required to develop a financial recovery plan to ensure we achieve the 15/16 plan.
- 5.4 We have also reviewed and evaluated our underlying recurrent position. From a strong starting position in 14/15, due to the recurring nature of the winter pressure funding we have put in place, and activity pressures we are facing, we now have a small recurrent deficit. Our recovery plan is therefore targeted at ensuring that our recurrent commitments do not exceed our recurrent funding going forward into 16/17.
- 5.5 As Brent is likely to have lower than average growth in allocations in future years due to being over its capitated position, the CCG will need to deliver a QIPP plan each year of broadly 4% and its capacity to make investments going forward will be limited
- 5.6 Our largest provider, London North West Healthcare NHS Trust, is currently reporting a significant deficit of £88 million, which will impact the CCG as lead commissioners for LNWHT.

6. Commissioning Principles and Priorities 2016/17

- 6.1 Brent CCG's commissioning principles for 2016/17 remain to:
 - a. Ensure that we demonstrate and evidence equality and consistency in access to services across Brent that continues to reduce health inequalities and improve health outcomes
 - b. Work with other commissioners where integrated commissioning will deliver innovative and effective solutions in line with commissioning strategies
 - c. Improve the uptake of preventative services and promote self-care while reducing mortality and morbidity resulting from poor long-term condition management
 - d. Ensuring appropriate patients receive the right care, in the right setting by the most appropriately skilled clinician, which will improve the quality of care patients receive and reduce dependency on acute care
 - e. Provide a proportion of outpatient appointments in community settings, rather than in acute settings, at lower cost and higher quality, where it is clinically safe and cost effective to do so.
 - f. Providing services designed to minimise inappropriate A&E attendances and non-elective admissions including initiatives such as urgent care centres, access to community beds, additional GP appointments and extending the range of Ambulatory Care Pathways.
 - g. Commission services in a manner that interface effectively with GP networks

- h. Continue to deliver patient and public engagement that ensures meaningful public involvement in commissioning
- i. Commission care in line with health needs as identified within the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy

7. Procurement

- 7.1 The NHS is required to have regard to key legislation in relation to procuring services. Public Contract Regulations (2006; amended 2009) require that there is
 - Best use / accountability of public money
 - Give all providers the opportunity to bid
 - Give patients the best available service
- 7.2 The Public Service (Social Values) Act 2012 requires that we
 - Consider economic, social & environmental wellbeing of the area in which service procured
- 7.3 Also importantly, the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 require that we secure
 - Value for Money for tax payers
 - Improve services for patients
 - Engage with patients
 - Feedback to patients
 - Inform of outcomes
- 7.4 Engagement processes with patients and stakeholders are carried out before finalising the proposals and completing service specifications that are to go out to tender.

8. Key Commissioning Priorities

Key commissioning priorities for 2016/17 are:

- 8.1 Shaping a Healthier Future
 - a. Acute reconfiguration aims to deliver a major shift in care from within a hospital setting to an out-of-hospital setting so more people are treated closer to their homes;
 - b. The focus in 2016/17 will be delivering a revised Implementation Business Case for approval by the NHS and HM Government, allowing for capital investments to be made to transform NHS estates in NWL;
- 8.2 Primary Care-Led Urgent Care & 111
 - a. Brent CCG will review all urgent and emergency care services, including NHS 111, GP Out of Hours services and other associated services including access to emergency mental health care
 - b. Current contracts for NHS 111 services are due to expire over the next year. We plan to procure a safe, high quality NHS 111 service that will be integrated with the Out of Hours service, urgent care provision and emergency care, including mental health services.

- c. The NHS 111 service will support our vision to deliver care closer to home, provide for a single point of access and allow for special patient notes and summary care records to be up to date.

8.3 Short-Term Assessment, Rehabilitation and Reablement Service (STARRS)

- a. We will jointly review the activity plan for the service to ensure that it reflects the underlying demand for rapid response.
- b. The CCG STARRS team to better manage demand for the service. Analysis undertaken to date suggests that there is unwarranted variation in referral rates, leading to inequalities in care for Brent patients
- c. The CCG will commission a comprehensive falls bundle, working with the Trust and the Council to reconfigure these services.

8.4 Community Outpatient Services

- a. The CCG will undertake a review of all providers of community physiotherapy services to consolidate the current services with a view to achieving improved waiting times, an improved care pathway and value for money – this is likely to result in a procurement exercise;
- b. Review the existing community gynaecology pathway in terms of its impact on secondary care activity to determine whether this should be extended;
- c. Work through detailed changes to the gastroenterology care pathway to introduce new care pathways for patients on DMARD drugs, those with abnormal liver function tests and for those patients requiring an endoscopy;
- d. Work with local providers to redesign the existing community respiratory service to better meet the needs of patient;

8.5 Primary Care

- a. Within primary care, the CCG will work to reduce the level of variation in clinical performance across different GP practices;
- b. More services will be provided by primary care with a focus on patients who are at high risk, housebound patients, or those residing in a care home;
- c. There will be a review of GP Access Hubs to determine if there are service variation and to improve quality, responsiveness and access ;
- d. Evaluate services that are commissioned through primary care providers to determine whether anticipated benefits are being realised.

8.6 Medicines Optimisation

- a. The CCG will implement the NWL wide protocols for drugs and improve the contract management of acute prescribing;
- b. It will improve the interface transfer of prescribing within secondary care, community and mental health trusts by agreeing shared care protocols for certain medicines
- c. It will work with provider partner organisations, GP practices, other primary care contractors, patient and other partners to identify areas where medicines waste occurs and analyse systems to identify improvement.

8.7 Cancer

- a. The CCG will build on the cancer commissioning intentions of the past 2 years, ensuring service improvement are embedded and that progressive targets continue to be stretched.
- b. There is also a proposal to include commissioning with mental health providers to develop pathways for the management of psychological support for cancer patients.

8.8 Palliative Care

- a. The CCG will review the current set of pathways for End of Life Care and specialist palliative care services to ensure that they are fit for purpose and ensure the needs of the population of Brent.
- b. In particular, we will review the pathway for people estimated to be in the last year of their life and the opportunity to provide a single point of access, linking with the LAS, 111, district nursing teams, the patient's GP, out of hours services and care agencies.

8.9 Carers

- a. The CCG will jointly commission or have a lead role in the commissioning of carers support services, especially GP services, counselling, peer support, and a range of befriending or volunteering schemes

8.10 Better Care Fund

- a. Progress implementation of the Better Care Fund to improve quality of care and reduce reliance on hospital and institutional care
- b. Avoiding unnecessary hospital admissions – jointly commission an urgent, rapid response service staffed by a multi-disciplinary team of nursing, therapeutic and social worker staff who will proactively respond to potential A&E admissions and referrals from GPs over a 7 day period
- c. Integrated rehabilitation and reablement – jointly commission a multi-disciplinary team of nursing, therapeutic and social workers, dieticians, speech and language therapists, physiotherapists, social workers, psychologists and rehabilitation assistants and externally commissioned reablement home care providers. The team will operate on a lead professional and trusted assessor basis
- d. Efficient multi-agency hospital discharge and community bed provision – jointly commission an effective multi-agency integrated hospital discharge service, combining existing health and social care discharge teams who are co-located within a hospital setting.
- e. Mental health improvement – through the jointly commissioned A&E liaison psychiatry service we will aim to reduce inappropriate admissions to hospital.

8.11 Whole Systems Integrated Care

- a. Develop, agree and clearly articulate shared outcomes and priorities as commissioners for Whole Systems Integrated Care. Develop new contracting and payment models through an ACP.

8.12 Children's Services

- a. The CCG will implement a new Joint Commissioning Framework with Brent Local Authority for five priority groups – children under 5, Children Looked After, Young Carers, children with special educational needs and disabilities and children with emotional and mental health problems.
- b. For Looked After Children, the CCG will develop robust and sustainable systems for collating and reporting timely and accurate data on all CLA assessments
- c. For Special Educational Needs (SEND), the CCG will continue to work with the Local Authority to meet our statutory duties and implement SEND requirements. It will review the associated impact on health commissioning including the development of Personal Health Budgets.

8.13 Mental Health

- a. Services will move from 'opt out' to 'opt in' for the recovery college for post-discharge advice and education for mental illness;
- b. Peer support will be reshaped and specialist mental health nursing support will be used to share learning in the recovery college, help people develop personal plans, support social inclusion, help make best use of follow-up appointments
- c. The CCG will continue to develop crisis response at home, in the community, as well as A&E. It will explore 'street triage' support to work alongside the police.

9. **Co-Commissioning Activities**

- 9.1 Brent CCG is a Co-Commissioner of Primary care together with NHS England. It aims to enable local commissioners and stakeholders to have the ability to:
 - a. Influence local decision making in primary care to align with wider local strategies for integrated and co-ordinated care
 - b. Commission for a new contractual offer for General Practice to sustainably deliver the enhanced services for it to act as the foundation for a new model of care and to limit current variations in access and quality, and to influence the necessary investments in primary care estates and workforce.
- 9.2 There are five GP practices in Brent whose current contracts have come to an end or will come to an end in the next twelve months. NHS England and Brent Clinical Commissioning Group agreed in August 2015 that services to the patients of those practices must be continued and that procurement processes should be initiated to put in place new contracts for those services.
- 9.3 NHSE has been engaging with key stakeholders inviting them to give their views on the proposals for the service, what they valued about their current service or would like to see changed and give any specific feedback on the proposals. The engagement closed on 22nd November 2015 and the outcomes are being collated.

- 9.4 A procurement processes will take place to comply with legislative requirements and it is anticipated that the new services will commence in October 2016. The service specification for the new service will include opening times from 8am-6.30pm and Saturday opening on 9am-1pm. Consultations will be available face to face, by telephone, email or Skype if required. IT will be offered to book or cancel appointments, and health promotion will be offered to keep people fit and healthy.

10. Engagement Process

- 10.1 The CCG has been through a significant engagement process in the development of the CCG's commissioning intentions for 2016/17. The CCG has a legal duty under s. 14 Z(11) 3 of the National Health Service Act 2008 which requires the CCG to describe how it intends to discharge its duties with regard to consultation and engagement of the annual commissioning plan.
- 10.2 A draft version of the document was released on 5th October 2015 to Brent CVS, Brent Patient Voice, Brent Healthwatch and other voluntary sector groups. It was then discussed in detail at a Health Partners Forum on 7th October 2015 which was devoted to the subject of the Commissioning Intentions. The feedback from this event is summarised in the Appendix to this report.
- 10.3 Following the Health Partners Forum, the Commissioning Intentions were discussed at a number of stakeholder engagement events, set up to discuss specific topics. These include:
- Healthwatch Public Meeting (1st October 2015)
 - Brent CCG GP Locality meetings (throughout September and October 2015)
 - Brent CCG GP Forum (14th October)
 - Brent Online survey –launched and advertised 7th October 2015
 - Psychosis online survey – launched and advertised 7th October 2015
 - Dementia Conference (23rd October 2015)
 - Mental Health CMHT and urgent care workshop (29th October 2015)
 - Community Services (children's) workshop, Willesden (22nd October 2015)
 - Mental Health Community Action on Dementia, Kilburn (25th October 2015)
 - Planned Care workshop, Kilburn (25th October 2015)
 - Mental Health PTSD workshop, Harness (27th October 2015)
 - Long Term Conditions Workshop, Wembley (28th October 2015)
 - Mental Health Brent User Group (29th October 2015)
 - Brent Health and Wellbeing Board (10th November 2015)

11. How the Commissioning Intentions Have Changed

- 11.1 We have recorded and considered carefully the feedback that we have received from the various engagement events outlined above. Below we have shown how the commissioning intentions have changed as a result of this:

11.2 Planned care

Changes to planned care were broadly supported. More self-care management programs and peer support were flagged up, as were early appointments for GP services and more co-ordinated care. Better access to community services, the need for health care navigators and health resource centres was highlighted. Participants wanted to see every GP practice with an option to provide phlebotomy, greater availability of physiotherapy and hydrotherapy, and for patients to be more involved in designing pathways for tele-dermatology. In response to this, the CCG will ensure that physiotherapy group classes are incorporated within the service specification for the changed service. There was also broad support for improving physiotherapy waiting times.

11.3 Integrating Health and Social Care

Participants wanted to see more self-care programmes to empower patients and the community as well as clear information channels and development of a network of voluntary sector providers.

11.4 Children's Services

Participants expressed a view that there should be greater integration between health services, the CCG and the Local Authority (LA). The CCG is already collaborating with the LA, and as set out in the commissioning intentions, the CCG will continue to work with the LA on key vulnerable groups including under 5's, Looked After Children, Young Carers, Children with Special Educational Needs and Disabilities (SEND) and children with emotional and mental health problems.

Participants also expressed the view that there needed to be better communication between different providers. The CCG is committed to working with all stakeholders to join up services where appropriate and develop integrated care pathways. Participants wanted to see a Directory of Services (DOS) for children's services. This has been incorporated into the commissioning intentions, and the CCG will work with the LA and Healthwatch to develop a DOS.

11.5 Community Services

Participants wanted to see the CCG and the local authority working more in partnership and collaboratively on care. They wanted to see better communication and interoperability between services, as well as facilitated access to services for the digitally excluded population who are important service users. In response to this, we have incorporated a new section in the commissioning intentions relating to interoperability. The CCG will continue to roll out self-care management programmes and education programmes for patients. The CCG also plans to bring in a new mobile application to help signpost users to the right healthcare services for their needs.

11.6 Unplanned care

Participants wanted to see improved communications between services. They suggested that GP hubs need to be located where they are more accessible to patients and the general public. Participants observed a need for geographical equity, citing that communities are not always well served by the location of services and have to go to Northwick Park Hospital from a long distance.

There was broad support for more resources and the expansion of primary-care based services (with some emphasis on in-hours expansion). The thinking was that, if primary care could better manage urgent demand routinely, pressure on other services would lessen. Improved health promotion using community-based structures and groups would, over time, reduce demand. Participants agreed that the 111 service needs to become more personalised with quicker access to appropriate clinical advice. It needs to ensure that call outcomes are improved by avoiding call backs and, where necessary, making appointments with the right services there and then. Patients should not have to repeat histories every time they are in touch or handed over.

Additionally, some people displayed a sense of confusion about the scope and range of services across the borough, as well as methods of access, not just from patients but also from medical practitioners or their staff. Two-thirds of attendees at the follow-up meeting either did not know of the existence of the Central Middlesex Hospital Urgent Care Centre or, if they did know, did not know the range of services it carried out. The CCG will aim to respond to these concerns in the design of its new primary care-led urgent care system.

11.7 Community Long term conditions

Participants wanted to see better packages of care for physical health conditions. There was support for more self-management programmes for long-term condition catering for all ethnic communities, and better management of long term conditions. Contributors wanted to see culturally sensitive engagement with hard to reach groups and preventative community support through peer support.

Participants wished to have easier access to services, the introduction of diabetes champions and diabetes checks to be offered in community pharmacies and places of worship. The CCG will work to raise awareness of and better management of Long Term conditions, more Self-Management programmes, and better packages of physiotherapy.

11.8 Mental Health

Participants wanted to see less reliance on formal inpatient services and for the CCG to consider a crisis house model. They wanted the CCG to ensure availability of culturally appropriate care and consideration to be given to the needs of carers particularly for dementia. Also to increase the care available for post-traumatic stress disorder, psychosis and personality disorders. We have considered crisis house models for short-stay admissions, developed a responsive and co-ordinated model of peer support and community advocacy to respond to the needs of different communities including the needs of carers.

We have considered street triage models and the available evidence of impact and models for community services for post-traumatic stress disorder, psychosis and personality disorder. The CCG have progressed mental health community service redesign and are looking to establish a local user monitoring group.

11.9 Learning Disability

Participants wanted to see more integrated care planning, more support for self-care management and ways to keep fit and maintain healthy lifestyles. They wanted to see services that are supportive, offer choice and information. They wanted less waiting times to see their GP and more time with their GP. The CCG will continue to facilitate access to mainline services and develop health passports for people with learning disabilities. We will facilitate access to Personal Health Budgets, provide integrated care in partnership with social care and the voluntary sector and ensure person-centred care for all individuals with learning disabilities.

12. Conclusion

NHS Brent CCG's commissioning intentions for 2016/17 are a comprehensive set of improvement goals for primary, community and acute hospital services, designed to align with the CCG's commissioning principles and the strategic aims and objectives of the Health and Wellbeing Board.

The CCG would welcome comments and the identification of areas for improvement within the commissioning intentions from the Brent Scrutiny Committee.

APPENDIX 1: EVENT REPORT FROM HEALTH PARTNERS FORUM

RE: NOTE OF FORUM MEETING HELD 7 OCTOBER AT THE SATTAVIS PATIDAR CENTRE, FORTY AVENUE, LONDON, HA9 9PE

DATE: 23 OCTOBER 2015

Introduction

Commissioning Intentions is the name used for the document each CCG publishes setting out its local NHS priorities for the year ahead – in this case 2016/17.

It is really important to have the views of local people in drawing this document up.

This meeting was an opportunity for Brent residents to have their say on our commissioning intentions and help local GPs shape the delivery of healthcare services in Brent. The views of local people help Brent CCG build the bigger picture on healthcare services so we can decide what services work well and where we need to improve services for local people within available funding.

The event ran through the funding context both nationally and locally. The NHS is predicted to have a funding gap of £30bn by 2020. This gap is to be closed by £8bn extra funding plus £22bn efficiency savings.

Locally Brent CCG is anticipating lower growth in funding compared with projected growth in patient demand.

Other smaller events in venues across Brent have been planned to discuss specific areas of care in detail.

Agenda

18:00 – 18:15 Welcome

18:15 – 18:45 Table presentation on chosen topic

18:45 – 18:55 Break

18:55 – 19:45 Table discussion on chosen topic

19:45 – 20:20 Facilitator feedback

20:20 – 20:30 Closing remarks and how you can continue to be involved

Feedback

Each table at the event was assigned a topic to discuss.

The topics were as follows:

Community Services (inc Children's services)

Integrating health and social care – two tables discussed this topic

Learning disabilities

Unplanned care – two tables discussed this topic

Planned care – two tables discussed this topic

Mental Health

Long term conditions

After an initial presentation from the CCG on each table, the following questions were asked:

How do you want NHS services to be delivered in Brent?

What services matter most to you?

Is there anything you could change if you could?

Every effort has been made to capture your feedback (below) as accurately as possible.

Table topic	CCG facilitator(s) and note taker	Feedback summary
Community Services (inc Children's services)	Isha Coombes Dr Nish Rajpal	<p>General points</p> <ul style="list-style-type: none"> • There are 350 looked after children in Brent • Is funding deployed to all child groups equally? • Institutionalised VS Children at home – will they have poorer access to services? • Safeguarding – Brent inspection e.g. are Children Looked After (CLA) from Brent housed out of the borough in areas such as Rochdale / Rotherham? • Children with special needs VS emotional difficulties • CAMHS access is difficult – only GPs can refer and there are too many barriers/gatekeeping tools • Emotional wellbeing issues can repeat down through generations e.g. victims of sexual abuse, violence, war exposure, FGM, Torture, Domestic Violence • Childrens dental health – dentists/hygienists used to visit school but not any more • Obesity → Obesity workshop is coming up • Self-harm → Schools have cut afternoon play • Education – too focussed on academic targets <p>How do you want NHS services to be delivered in Brent?</p> <ul style="list-style-type: none"> • Private providers: Services must be delivered by the NHS and not private providers – possible conflict of interest in CCG vs providers in private sector may offer innovation and possible lower overhead costs. • Commissioning process can be cumbersome/costly • Need well trained staff with Continuous Professional Development (CPD) • More money on training • Set up Innovation forum • Education for patients • Technology / information for better self diagnosis • Patient choice

		<ul style="list-style-type: none"> • Referrals without persistence / insistence • Diversification – community healthcare centre • Maintain local GP vs Polyclinic vs Vertical integration of services. <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Community midwives / health visitors in deprived areas • Family orientated holistic services → ripple effect on siblings of special needs children / early intervention • Children centres / school nurses / counsellors • Preserve Dr/Patient relationships • Young people's clinics • Adequate time for consultation at GP practices and holistic care • Mental health • ENT • District Nursing • End of Life care <p>Is there anything you would change if you could?</p> <ul style="list-style-type: none"> • Partners – CCG vs Council vs Acute trust – collaborate rather than compete • Better communication between services • Interoperability between services • Public DOS (Directory of Services) / access to the digitally excluded population who are important service users. • Health Literacy – health education council • Better advocacy services • Alternative medicine and therapies eg acupuncture.
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Integrating health and social care	Sean Girty	<p>How do you want NHS services to be delivered in Brent?</p> <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Focus on GP led care planning, especially for those patients with long term complex conditions • A network model of GPs, where resources were shared to maximise the services patients received in a timely way • Access to GP appointments in the evening and on weekends (table supportive of the GP network model for covering this) • Repeat prescription support from pharmacists, and the ability for electronic communication between pharmacists and GPs • Standardise decision making amongst GPs and reduce post code lottery (e.g. referral optimisation based on clinical standards, best practice, protocols) • Increase referrals (from GPs, Ambulance Service, pre-A&E admission) to STARRs Rapid response and for medical/nursing intervention to be provided within a community setting. • Integration of rehabilitation and reablement and the move to a lead professional/trusted assessor model • Social care staff based within the hospitals, having these staff allocated to wards, proactively discussing and picking up clients that need support and educating ward staff to better understand what is (and is not) appropriate for social care • Training and supporting staff through changes to join up care and the challenges of achieving true culture change • Phased approach to implementation of BCF work <p>Is there anything you would change if you could?</p> <ul style="list-style-type: none"> • Whole Systems Integrated Care (WSIC) was difficult to understand and to grasp what practical changes were being proposed

		<ul style="list-style-type: none"> • How would we ensure the ongoing funding of BCF / integration would happen • Technology and support to treat certain conditions is only available in a hospital setting – concerned this wasn't factored into the referral optimisation • Poor customer service and lack of telephony technology (e.g. "you are 2 in the cue") when trying to contact planned care services to make changes to a booked appointment • Could more be done on integrating health and social care to support those with mental health conditions and substance misuse? • Could more be done on integrating health and social care to support those young women who have had unplanned pregnancies, multiple pregnancy terminations, counselling support. Early education/peer/mentor support etc? • How do we move away from culture/expectation of if you are ill, take a pill? What can be done to encourage community resilience, self-care, self-management? • Stop GPs using withheld numbers to call their patients
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Integrating health and social care	James Power Sarah McDonnell	<p>How do you want NHS services to be delivered in Brent?</p> <p>What services matter most to you?</p> <p>Is there anything you could change if you could?</p> <p>How to get general public to learn about integration</p> <ul style="list-style-type: none"> • GP surgeries: posters, leaflets, information from staff in GP surgeries • Third sector: Age UK, MIND, Living Well, local social groups <p>Difficulties in distribution of information</p> <ul style="list-style-type: none"> • Information available and accessible – small groups struggle to provide information and services to people in their communities – become a recognised body • Linking third sector with Acute, GPs etc to establish a clear third sector role - along with

		<p>providers</p> <ul style="list-style-type: none"> • We need to ensure there is consistency with each third sector programme – it relies on individuals to do all the work (peer support / living well – populate beneficial option. Encourage what is manageable, personal treatment for each case) • Share effort with GPs so they are the key professional with all the medical as well as voluntary information for patients. <p>Providers of Care</p> <ul style="list-style-type: none"> • Work on-going to encourage collaboration across providers as well as shared resource and knowledge • Links with community organisations • This will empower people to manage their own care, keep them out of hospital and in their own homes. <p>Whole Systems</p> <ul style="list-style-type: none"> • Self care: empower patients and community. Can't tell them what to do all the time. • Personal information collaborated and in one place <p>What is missing:</p> <ul style="list-style-type: none"> • Channels of information / distribution missing • CVS is only channel – if was larger or with more resource they could do more. • Main issue is capacity and resource – network of voluntary sector with more staff and generally do a lot more • Set up third sector: establish a “name” and “brand” to be recognised. Not centrally organised by NHS or CVS • Need a route for patients and carers > achieved through providers, GPs with a list of local services the community can access and benefit from, ie case coordinators, link between patients and care and GP, collaboration with third sector <p>A level of Quality</p> <p>Assurance of providers of service necessary – does this happen enough around voluntary services and in a small organisation?</p> <p>Support Self-Care and Management / Personal Budgets</p> <ul style="list-style-type: none"> • GPs will hold an individual care plan
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Learning disabilities	Nicola Mills Sarah Nyandoro	<p>General points</p> <ul style="list-style-type: none"> • Access to GPs • Wait after appointment time – time ‘going down the drain’ • Enough time in appointment • PPGs give a chance to ask questions • Payment to GPs to keep patients out of A&E – not happening in Brent • Services for everybody • Irritating to be asked the same questions • More priority on self-care • Integrated care planning – doing things in partnership e.g. social services • Care pathways, hospital admissions & Kingswood • Winterbourne view concordant – looking to find more local placements for geographically isolated placements & more independent accommodation • Health action plan (& health passports) • Personal health budgets (from October 2014 – continuing health care budget) Long-term conditions • Person centred <p>How do you want services do be delivered in Brent?</p> <ul style="list-style-type: none"> • Services that are supportive • Services that offer choice • First point of call is the GP and that therefore needs to be well delivered <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Self help • Self-care

		<ul style="list-style-type: none"> • Being able to keep fit • Essential part is the individual <p>Is there anything you would change if you could?</p> <ul style="list-style-type: none"> • Keep the NHS going • Less waiting times • More time with the Doctor • Tell us General facts e.g. what's normal B/P / temp etc.
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Unplanned care	Trevor Myers Neil Levitan	<p>General points</p> <ul style="list-style-type: none"> • How do we get the message to all people in Brent that the quickest way to get treatment is through doctor referral? It is difficult to break the A&E habit. They need to believe that there is an alternative to going straight to A+E. • Brent has a good configuration of services despite not having an A&E. People need to know about them through better communication. • People didn't know about the urgent care centre. • Issue of communication between services – poor quality. Patients need to repeat history between GPs. • Issue of government funding. It won't work without proper management & resource. • Issue of wasted money on capital projects • Issue of locations of the GP hubs • We have missed a trick in not utilising venues already in existence. • Issue of communities not being well served and having to go to Northwick park. South of Brent is well served however north of Brent is not, thus these patients are being referred to Northwick Park. • Issue of accessibility – no car parking.

		<ul style="list-style-type: none"> • Need to coordinate services inside and outside the borough – people may be accessing services outside the borough. <p>How do you want NHS services to be delivered in Brent?</p> <ul style="list-style-type: none"> • Needs to be geographical equity in relation to access – North is not as accessible as South • People from outside the borough need to be served well inside the borough • Identity cards with NHS numbers to aid communication • Ability for services to know about you when you present • Agencies need to speak to each other, a card can aid this. • Doctor passwords to access NHS numbers • Better access to GPs – appointments at short notice (lack of funding) • Resources put into primary care • More beds, open ward and staff beds <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Diabetes • TB • HIV/ AIDS • Services for chronic diseases • Importance of prevention & health promotion = less stress on unplanned care • Investments • Early detection / outreach • Self-care • Unplanned Care • Ability to have rapid access • More rapid access clinics for more disease • Health promotion & Education • Issue of compliance <p>Is there anything you could change if you could?</p>
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		<ul style="list-style-type: none"> • More GPs and for them to be accessible on the day • More unplanned care services • Need quick access to GPs during the day • Cleanliness in hospitals • Too many questions asked in some areas – this can be confusing • Less fragmentation between services <p>Summary</p> <p>How do you want NHS services to be delivered in Brent?</p> <ul style="list-style-type: none"> • Geographical equity • People going outside the borough need services to talk to each other • Joint up services who <u>know</u> you when you present • Better access to GPs • Resources ++ investment – smarter in primary care • Urgent care is valued in the borough <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Management of clinic illness – diabetes • Culturally sensitive health promotion = less stress on primary care • Rapid access clinics <p>If anything could change what would it be?</p> <ul style="list-style-type: none"> • More GPs & appointments during the day • Cleaner hospitals • Extended hours don't work for many as it is an issue getting to clinics • Make services more user friendly and sympathetic • Make services more personalised and individualised
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		<ul style="list-style-type: none"> • More tissue viability services.
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Unplanned Care	Dr Sami Ansari Sheik Auladin	<p>How do you want NHS services to be delivered in Brent?</p> <ul style="list-style-type: none"> • Communication is Key: <ul style="list-style-type: none"> ○ Current pathway provide choices ○ A&E & WIC provide until now an excellent service • Overarching this 111 triage needs to be competent and efficient <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Effective & efficient 111 • Knowledgeable triage at the front end. • Patients lack confidence in the current system. • Current system is complex with different services scattered across the Borough. We need better communication. • Confidence lacking by patients of different provisions by providers <p>Is there anything you could change if you could?</p> <ul style="list-style-type: none"> • Adequate car parking • Patient education – by a number of different means • Re modelling NHS 111 • Putting more confidence in the system

Table	CCG facilitator(s) and note	Feedback summary
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topic	taker	
Planned care	Huw Wilson-Jones Dr Shazia Siddiqi Jonathan Turner	<p>How do you want NHS services to be delivered in Brent?</p> <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Physiotherapy <ul style="list-style-type: none"> ○ waiting times are main concern for patients ○ Regular follow ups to get best benefit ○ Follow ups after 9 months- too long. Think this affects the condition. Because it is not soon enough. Had to be referred back to Royal National orthopaedic (GP specialist), patient should be free to ring department directly rather than going back to GP ○ Wastage in system. Problems with sharing information. • Information sharing a problem between primary and secondary care. • Stanmore reception asks for Xray before seeing doctor, keeps doctor waiting ages while patients queue in the big queue. • Vale Farm doesn't like to wait there for blood test. Should be in the GP surgery, every surgery should have phlebotomy. Difficult to access • Every GP should as option to provide phlebotomy • What research has been done and what are the causes for increase in referrals? • What is the impact of screening programmes? • Physiotherapy and hydrotherapy – only 3 sessions offered – should be more. • DNAs are a big issue – needs research, should take patient off the list if they DNA. DNAs are inefficient. • Tele-dermatology –patient needs more involvement in designing the pathways. The pathway should be shared with patient engagement before it goes to the DXS. Table discussed how key pathways have patient involvement in the CCG and all agreed that smaller pathways or issues don't always require such a level of involvement as not enough capacity. • MSK Wave 2 abandoned – what are the next steps? • Research important on piloting Tele- dermatology, needs proper research and evidence base. Where is it working well?

		<ul style="list-style-type: none"> • Travelling to different specialties – this is a problem. Services need to be more local to you. Need services closer to home. • No A& E in Brent. Kilburn to Northwick Park is a long way. No lifts at Northwick Park station many – dependent on this station to get to Northwick Park hospital, otherwise have to go to Harrow on the Hill. A lot of people only on public transport use the metropolitan line. No disability access. • Copying letters from consultant to GP. • Access to services is important – not only geography but also physical access such lifts at tube station NP. • People going to A&E inappropriately is a problem – some patients know about UCC in Paddington and Northwick Park but not about the other sites eg. Willesden, Park Royal etc. • CCG could do better to inform about where to go to other urgent care centres. • Better publishing of information in waiting rooms. • Symbols and pictures to communicate and other languages needed • More awareness of GP hub services • Aware of 111? Aware of WSIC? • Scrolling message in GP practices rather than too many posters – they don't stand out. • Right forums, communication and languages • Some people who don't speak language use their children to communicate so could educate their children on health matters • Diabetic clinics in GP Surgeries are a good idea. <p>Is there anything you could change if you could?</p> <ul style="list-style-type: none"> • No need to see the GP on Sunday – should be a day of rest. • Physio class group therapies rather than single patient appointments where not necessary. • Reduce waiting times especially for Physio. • Self-management only 6 sessions for Diabetes self-care programme but need the peer support
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		<p>groups – more for community/sustainability e.g. 6 months after DESMOND training to see where they have benefited or not).</p> <ul style="list-style-type: none"> • Some groups need commissioning to support admin around peer support and keep the group going. • There should be a cut off time for funding self-management schemes so that patients take on responsibility for their own care and are supported by local or National bodies • Takes too long to get a GP appointment • Childcare should be less fragmented • More co-ordinated care • Course how to do healthy Asian cooking. • Brent nowhere near the top on health Atlas of England. Key clinical indicators to improve on/use as benchmarks – Dr Siddiqi confirmed measures such as high ambulance call-outs in Brent are discussed and looked at for solutions.
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Planned Care	Hasmita Patel	<p>How do you want NHS services to be delivered in Brent?</p> <ol style="list-style-type: none"> 1. Train our own staff 2. Avoid unnecessary expenditure 3. NHS to work with voluntary sector partners 4. Uniformity of services across practices 5. Better communications between health/social service, voluntary sector/patient <p>What services matter most to you?</p> <ol style="list-style-type: none"> 1. GP services – early appointments 2. Culturally appropriate services 3. Better access to community services 4. Health care navigators 5. Health resource centres – offering holistic services

		<p>Is there anything you could change if you could?</p> <ol style="list-style-type: none"> 1. Encourage patient engagement – Individual/Professional/organisation 2. Budget - increase 3. Localised services 4. Train our own staff / skill local people 5. Change GP and patient relationship 6. GP to ask patient what matters to the patient and their quality of life <ul style="list-style-type: none"> - Avoid NHS wastage - Better communications - Better use of technology - Patient responsibility
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Mental Health	Duncan Ambrose	<p>General points – What do you think it is appropriate to do to yourself?</p> <ul style="list-style-type: none"> • Self help – e.g what do you do to help you sleep • Patient's insight – what "well being" means to you • Use of "wellbeing toolkit." Taking service user's ideas/concerns/Expectation in mind and planning and monitoring of plan. • Single point of access where service user can make contact when in a crisis. • Setting goals which are service user centred and reward for positive behaviour / measure progress against set goals <p>How do you want NHS services to be delivered in Brent?</p> <p>What services matter most to you?</p> <ul style="list-style-type: none"> • Regular/Annual CPA – although can be improved with GP present. • GP does physical health check up

		<ul style="list-style-type: none"> • Care- coordinator input. Irregular review meetings with services users. • Self-directed Services have immense positive impact on service user. <p>Is there anything you could change if you could?</p> <ul style="list-style-type: none"> • Follow up on the service user that they are following the advice of self care – People go on self-help courses but not many change behaviour. • Online resources for patients and sign posting • Community Services – To help support patients after discharge. • Voluntary sector support should be part of integrated care approach. • Training for GPs around mental health awareness – so patients feel confident in using primary care • Model services around cultural issues. • Carers needs & Assessment and support <p>Key changes that people would like to see</p> <ul style="list-style-type: none"> • Better links to existing services • Care plans/sign posting to services. Post discharge • Peer support – reflecting cultural background and language translation services • Psychiatric Liaison Services (Improve Access) • Training for mental health awareness • Crisis care plans/structure linked with police • Different services need to work in partnership • Talking therapies/patients can “offload to” – which can help with avoid crises. • Personal health budgets • Robust Community care and focus on prevention of crisis rather than money spent on reactive care
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Table topic	CCG facilitator(s) and note taker	Feedback summary
Long term	Dr Ajit Shah	How do you want NHS services to be delivered in Brent?

conditions	Jonathan McNerny	<p>Dementia – younger onset of Dementia services For all ethnic communities.</p> <ul style="list-style-type: none"> • Living well – Better management of condition • Culturally sensitive/engaging with hard to reach • Preventative/Community engagement enabling patients through peer support • Self-Care/Self-Management • Older People – Long term care – 65+ whole System Integrated Care throughout Brent • Raising Awareness – Easy to access services – Public Health – pre checks. Diets, Diabetes UK – champions • Blood pressure checks – diabetics checks – to be offered in community pharmacies and temples. <p>What services matter most to you?</p> <p>Raising Awareness Targeted Medical Services Self-Management</p> <ul style="list-style-type: none"> • Self-Management • Preventative • Self-Care • Managing long term care <p>Is there anything you could change if you could?</p> <p>Better package of Physio Dementia care for all carers support Long term condition – self management programmes More investment</p>
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Conclusion and next steps

All the feedback collated below will be considered as we publish our final commissioning intentions document.

The process for engaging with local people is set out in the diagram below:



Following this event we have planned other local discussions on the commissioning intentions. Details are available [on our website](#).

If you were unable to make it to this event, you can still give your views via [our online survey](#).

The CCG leadership, the Governing Body, will consider the commissioning intentions in early November after taking in the views of Brent Health and Wellbeing Board.

We will meet again as the Health Partners Forum on 27th January 2016, when we will review the outcome of the process and will have an opportunity to check the commissioning intentions for next year.

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Scrutiny Committee 2 December 2015

Report from Strategic Director Regeneration & Growth

For Information

South Kilburn Regeneration Programme

1.0 Summary

1.1 This report provides an update to Members of the Scrutiny Committee of the progress of the South Kilburn Regeneration Programme

1.2 The report sets out the main aims and ambition of the programme.

1.3 The report sets out the notable achievements to date and an outline of future projects. Effectively this report sets out to provide a “State of the Nation” type of summary of a very large and complex regeneration programme

2.0 Recommendation

2.1 To note the contents of this report

3.0 Detail

3.1 Between the period 2001 and 2011 South Kilburn was a designated New Deal for Communities area. £50m was spent in the area - under the direction of a board comprising a majority of local residents - on a range of socio-economic interventions including health, community safety, employment and education. Throughout this period there was an unprecedented engagement with local residents and it became clear that their number one priority was for new homes to replace poor standard accommodation across South Kilburn. Despite the best efforts by the then housing department, it proved exceptionally difficult to put together a scheme for the physical regeneration of South Kilburn that was economically viable.'

3.2 In 2010 Brent Council brought forward a new approach to delivering for the estate-wide redevelopment of South Kilburn. The previous attempt to deliver the scheme through a large scale stock transfer to a Housing Association was abandoned, and the Regeneration Department was tasked with developing a

new master plan and a new delivery mechanism for the area. The area designated the South Kilburn Regeneration Area is shown on the attached plan (Appendix A). The original phasing programme is shown in Appendix B

3.3 The stated aims of the programme were to deliver:

- 2,400 homes of which 1,200 will be made available to existing South Kilburn residents
- A new larger high quality urban park
- A new local primary school
- New health facilities
- Improved environmental standards
- An improved public realm
- A site wide energy solution

4.0 In addition over the life of the programme additional informal aims have been developed:

- a) Improve the quality of accommodation for tenants and residents on the estate
- b) To introduce a sense of place to the estate so that it integrated into the wider area
- c) For existing tenants, an almost unique offer of a guarantee of a new high quality home on the estate (if they wanted one rather than being required to move off the estate). Rents are set at target rent so are lower than other rents set in the borough
- d) A single move whenever possible
- e) Accommodation which suited their individual needs and circumstances
- f) Improvements to the public realm and infrastructure

4.1 Blocks of flats demolished and homes created:

To date, based upon the above master-plan and phasing programme the Council has delivered on a number of the planned schemes but has also been able to provide support for other projects.

The attached schedule sets out the number of flats demolished and homes created to date (Appendix C).

The success of the programme is based upon the ability to create sufficient units to enable the decant of the next block in the demolition sequence. The type of units required, the mix and the number all need to be carefully planned to avoid any imbalance between the demand and supply at any one time. Fortuitously at an early stage of this programme Brent was able to remove an unwelcoming, large traffic roundabout site and secure planning consent to build 133 new homes (75 affordable rent). As this was a clear site it provided the head-room to enable future moves.

4.2 In regard to the commitment to provide every tenant on the estate with a new home on the estate. Appendix C provides general information as to where Brent social tenants have moved to following relocation from blocks to be demolished (Appendix C).

4.3 Infrastructure and Public Realm

Already provided as a result of the Regeneration programme

Sports Provision

Land was provided for the construction of a new sports hall facility. Built by Westminster City Council, primarily for the, expanded, St. Augustine's Secondary School. The Council secured reduced rates for South Kilburn residents as part of the deal.

Adult Day Care Centre

The former Albert Road Day Care Centre was relocated to a more suitable central borough location in the John Billam Park. The South Kilburn Regeneration programme was able to contribute to the capital construction cost of this new purpose built facility by redeveloping the site for residential accommodation.

Community Space

New community space has been incorporated across the South Kilburn Programme. The Vale Community Centre, and South Kilburn Studios also provide community facilities that are used on a regular basis by the Council and Local Community.

Local Road Network

As part of the place making and re-connection of the estate to the adjoining areas, as sites have been developed, where possible, the former Victorian road layout has been reinstated. In the next phase it is hoped to open up the following roads, Stuart Road, Canterbury Road and, in conjunction with Brent Highways, introduce measures to improve Carlton Vale. Carlton Vale is the main route which bi-sects the South Kilburn Estate. It is proposed to also introduce a dedicated cycle highway along Carlton Vale up to Queens Park Station.

Future Public Realm and Infrastructure Projects:

Green Space

Already on site on the former Wood House is a new public park. It is scheduled to be completed in Spring 2016 and will provide accessible, safe and stimulating play space for local children and a relaxing area for local residents.

There is also a communal garden space, provided as part of the Catalyst Development, which will also be available to local residents. Within the current master plan there is also a proposal to enlarge and improve the Kilburn Park Open Space.

Medical Centre

As part of the proposals for the redevelopment of the Peel Precinct area the Council is incorporating plans to provide a large medical centre. This centre will provide a modern, purpose built facility for three local G.P. practices. All three practices are currently working with the Brent appointed architect, Penoyre & Prasad, to help design the facility. It is hoped, over the next year, to garner support and approval from NHS England for this much needed facility. Current plans also include a pharmacy. The target date for completion is 2019.

Education

Currently there are three state schools within the South Kilburn Estate. Brent, via Children & Families Department, is in early conversation with Carlton Vale Infants ND Kilburn Park Juniors in regard to provision of new build replacement facility and a single form expansion.

It is worth noting that as with all infrastructure and public realm works these projects are costs which need to be funded from the receipts generated by the sale of sites for private development. Apart from S.106 funding, which is generated by the SK developments, the South Kilburn Regeneration Programme receives no other form of external funding or internal subsidy. It is therefore, to date, a self-funded regeneration programme. All capital receipts generated within the Regeneration Programme are retained for future projects.

Recreation

Within the master-plan there is also a proposal to improve and possibly expand the Kilburn Park Open Space. As with all infrastructure and public realm projects these are costs which need to be funded from the receipts generated by the sale of sites for private development. Apart from S.106 funding the regeneration programme receives no other form of external funding and is therefore, to date, as self-funded regeneration programme.

5.0 Current Position

The programme has slipped, partly due to internal resources issues and also due to external factors such as the legal challenge by a licensee tenant at Gloucester House and in particular the safeguarding of a key development site by HS2 which effectively froze any development opportunity. However the following schemes are in progress and are at different stages of delivery:

Queens Park Place

Due for completion in late Spring 2016. It consists of 144 flats (28 affordable rent) and a new retail unit to be occupied by Marks & Spencer

Former site of Bronte & Fielding Houses

This scheme has just reached the topping out phase with United Living and Network Housing Group. They were selected in 2013 and it is due for completion in two phases. The first is expected to be available in April 2016 with the second phase completed toward the end of 2016. It will comprise 229 apartments (103 affordable rent) with a new public square facing onto Kilburn Park Road and a new footpath.

Argo House

This is a private development within the estate. However the Council secured 23 units for affordable rent to be offered to existing South Kilburn tenants as well as five shared equity units for South Kilburn leaseholders. This scheme will also come forward in the first half of 2016.

Chippenham Gardens

In collaboration with a private land-owner the Council is seeking to redevelop 5-9 Chippenham Gardens, Kilburn Park Post and 4-26 Stuart Road (even numbers only). It is hoped, subject to a planning application due to be submitted in mid-2016, to provide approximately 52 new homes (22 affordable rent for existing secure tenants). The scheme should also undertake improvements to the Chippenham Gardens Open Space. Unfortunately the

Post Office operator has turned down the opportunity to return to the site post-development and has instead decided to seek to permanently relocate elsewhere in the vicinity. Appendix D shows the location of the nearest alternative Post Office locations.

(Former site) Gloucester & Durham

Brent secured permission to replace the above blocks with 236 new homes (102 affordable rent) together with provision for the creation of space for a District CHP Energy Centre plus re-provision of play space and public amenity. This scheme was also designed to open up the vista towards the Grade 1 Listed St. Augustine's Church.

All former tenants have been relocated with the majority moving to the new Catalyst Scheme on Cambridge Avenue, Rupert Road and Denmark Road. Two leaseholders remain and CPO powers may be required to secure vacant possession.

Peel Development

Only at RIBA Stage 1, this scheme seeks to replace 55 residential and 18 tertiary retail units with approximately 194 residential (42 affordable to rent). This scheme is predominantly a private residential scheme as it is necessary to cross subsidise the provision of 2380m² sq. m. of Medical Centre.

Incidentally, although not currently within the SK Master Plan area, the Council has recently been approached by the OK Club in association of the SK Trust with a request to review the potential of a joint development. This development would provide permanent long term space for the OK Club and the SK Trust as well as, subject to a successful GLA bid for funding, an Enterprise hub for the local business and community space. The Council would also seek to develop land which it holds freehold but is currently leased to the OK Club for residential development.

Salisbury Road Car Park Site

This site has been blighted for a number of years by HS2 proposals to locate a vent shaft and ATS on this site which consists of the public car park, former press, a council owned residential block (Cullen House), the Falcon Public House and TfL offices. In March 2013 Full Council authorised officers to raise a petition against this proposal. Since then there have been numerous discussions with HS2 which has culminated with HS2 incorporating within AP4 (a revision to the Bill) an alternative site at Canterbury Works (a privately owned site which consists of a vehicle repair garage).

If AP4 is adopted by Parliament this will free up the site and enable the redevelopment of Cullen House, which is situated on an island site surrounded by traffic. Effectively this site has been "on hold" since 2012 but in anticipation of the success of the lobbying of HS2, the planning permission, which was granted in 2012 has, through joint action by Genesis H.A. and Brent Council, been consented in November 2015.

The current consent is for the demolition of Keniston Press, Cullen House and The Falcon Public House and redevelopment of 137 flats (39 affordable) along with new public space and 1270 sq.m. of commercial space. Therefore, subject to site assembly and agreement with private owners it is hoped this scheme could be on site in 2017.

6.0 Master-Plan

As can be seen in the attached appendix which set out the current master plan, the next major site to be brought forward is Hereford and Exeter. Given the scale of current schemes it is clear, subject to financial constraints and controls, that, additional internal project management resources will be required as we attempt to regain some lost time.

However it is also considered timely to refresh the Master-plan. Therefore, in conjunction with Planning colleagues it is proposed to consult local residents and tenants on a revised and refreshed master-plan and accompanying SPD. Brent will appoint master-plan architects, Cost Consultants and also engage with the local community in regard to proposals. These proposals will consider matters such as, infrastructure, density, mix and range of accommodation, phasing and also the possibility of incorporating additional sites into the Master plan area.

This work is expected to be concluded by June 2016.

7.0 Additional Benefits for the Regeneration Programme on South Kilburn Utilisation of vacated residential units

Rather than simply de-commission vacated units the Regen Team is working with Housing colleagues to identify units which would be suitable to provide alternative temporary accommodation. The re-use of vacated units provides a higher standard of accommodation for temporary homeless families compared to B&B and provides a saving to the TA budget.

Meanwhile Initiatives

The temporary garden and allotment space at the Former British Legion site was very well utilised by local residents, the former housing department porta cabins on Canterbury Road are now used by South Kilburn Trust to provide studio and office space to local residents who in turn provide training opportunities to local people. One notable success story is the band Klean Bandit who recorded and rehearsed from these studios and who have since achieved a No. 1 chart record.

Educational Site Visits

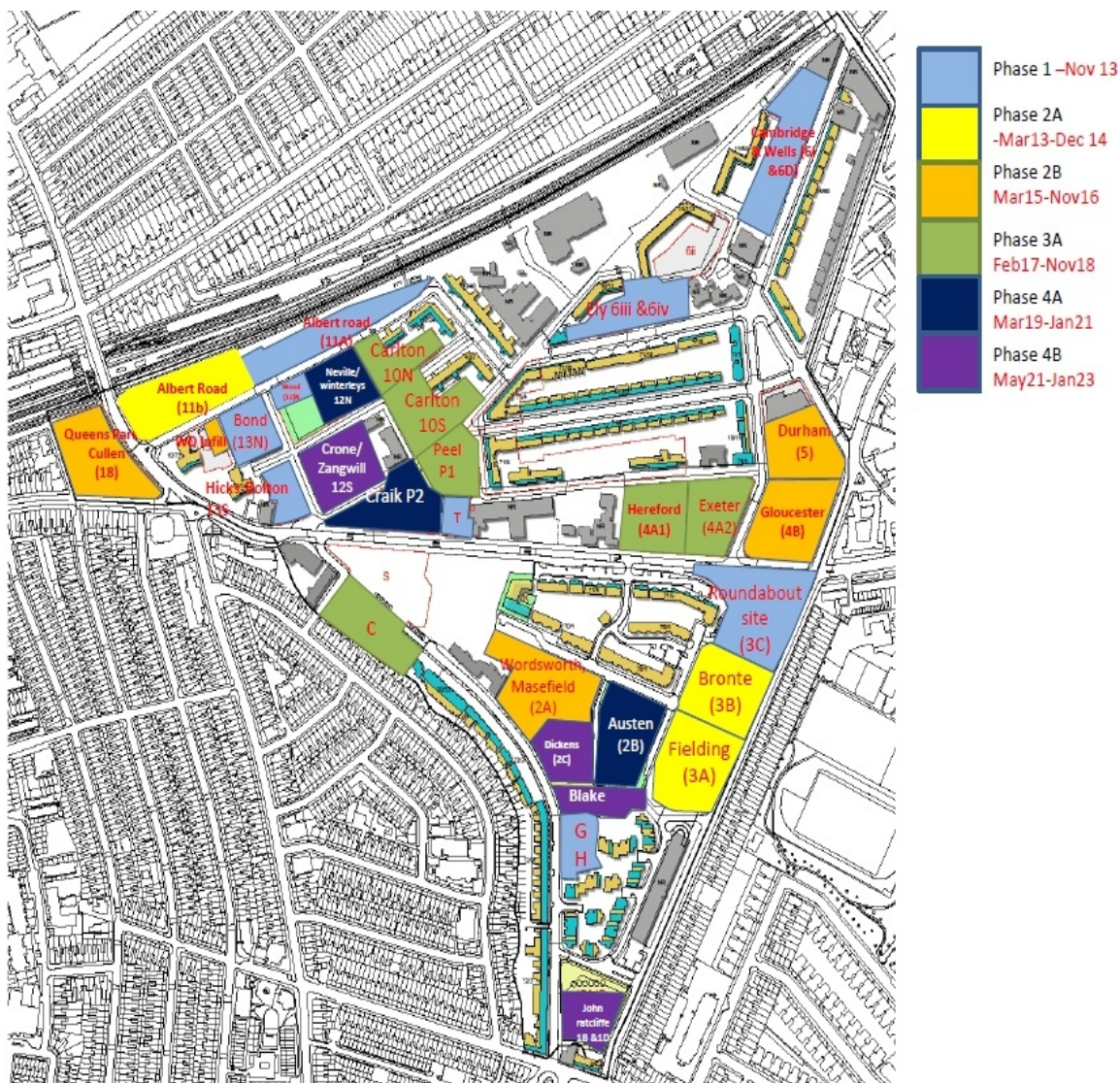
Main contractors are encouraged to reach out to the local schools and youth in the area and arrange open days when children can safely go on site and possibly develop an interest in the various professions and trades which are involved in a large development project

Construction Job Opportunities and Apprenticeships

Each development contract let by Brent Council requires the contractor to offer job opportunities to local people and to also to offer apprenticeships. The Regen Team works with the Council's Employment Team and also with the SK Trust to ensure these opportunities are exploited for maximum benefit to the local community.

Contact Officer

Strategic Director – Regeneration & Growth
Andrew Donald



The South Kilburn Regeneration Programme is being delivered in phases.

Phases and start dates						
Phase 1a Complete	Phase 1b June 2012	Phase 2a March 2013	Phase 2b March 2015	Phase 3 Feb 2017	Phase 4a March 2019	Phase 4b May 2021
Marshall House	Ely Court	Bronte House	Durham Court	Hereford House	Craik Court	Crone/ Zangwill Court
Site 3C Roundabout Site	Cambridge Court	Fielding House	Gloucester House	Exeter Court	Austen House	Dickens House
Texaco	Wells Court	Site 11b, Albert Road	Wordsworth House	97 to 112 Carlton House	Neville House	Blake Court
Gordon House	Bond and Hicks Bolton		Masefield House	1 to 57 Peel Precinct	Winterleys	John Ratcliffe House
	Wood House		Queens Park/ Cullen House	8 to 14 Neville Close	113 to 128 Carlton House	

Appendix C

Secure Brent Council tenants: This spreadsheet shows the addresses the secure tenants who used to live at the following blocks Bond House, Bronte House, Cambridge Court, Fielding House, Hicks Bolton House, Marshall House and Wells Court have now been relocated to:

Bond House	George House (New Development NW6) x5	Granville Road NW6 x4
	Neasden Lane North NW10 x1	Swift House NW6 x1
	McDonald House (New Development NW6) x1	
Bronte House	Allington Road NW6 x1	Kingston House NW6 x1
	Austen House NW6 x2	Kilburn Lane W10 x3
	Canterbury Road NW6 x3	Kilburn High Road NW6 x1
	Bisham Court x1	Len Williams House NW6 x1
	Broadfield Close NW2 x1	McDonald House(New Development NW6) x9
	Claremont Road NW6 x1	Mascotts Close NW2 x1
	Dickens House NW6 x2	Merle Court (New Development NW6) x5
	Dyne Road NW6 x1	Oakington Manor Drive HA8 x1
	Ellerslie Gardens NW10 x1	Oriel House x1
	Franklin House (New Development NW6) x12	Swift House (New Development NW6) x19

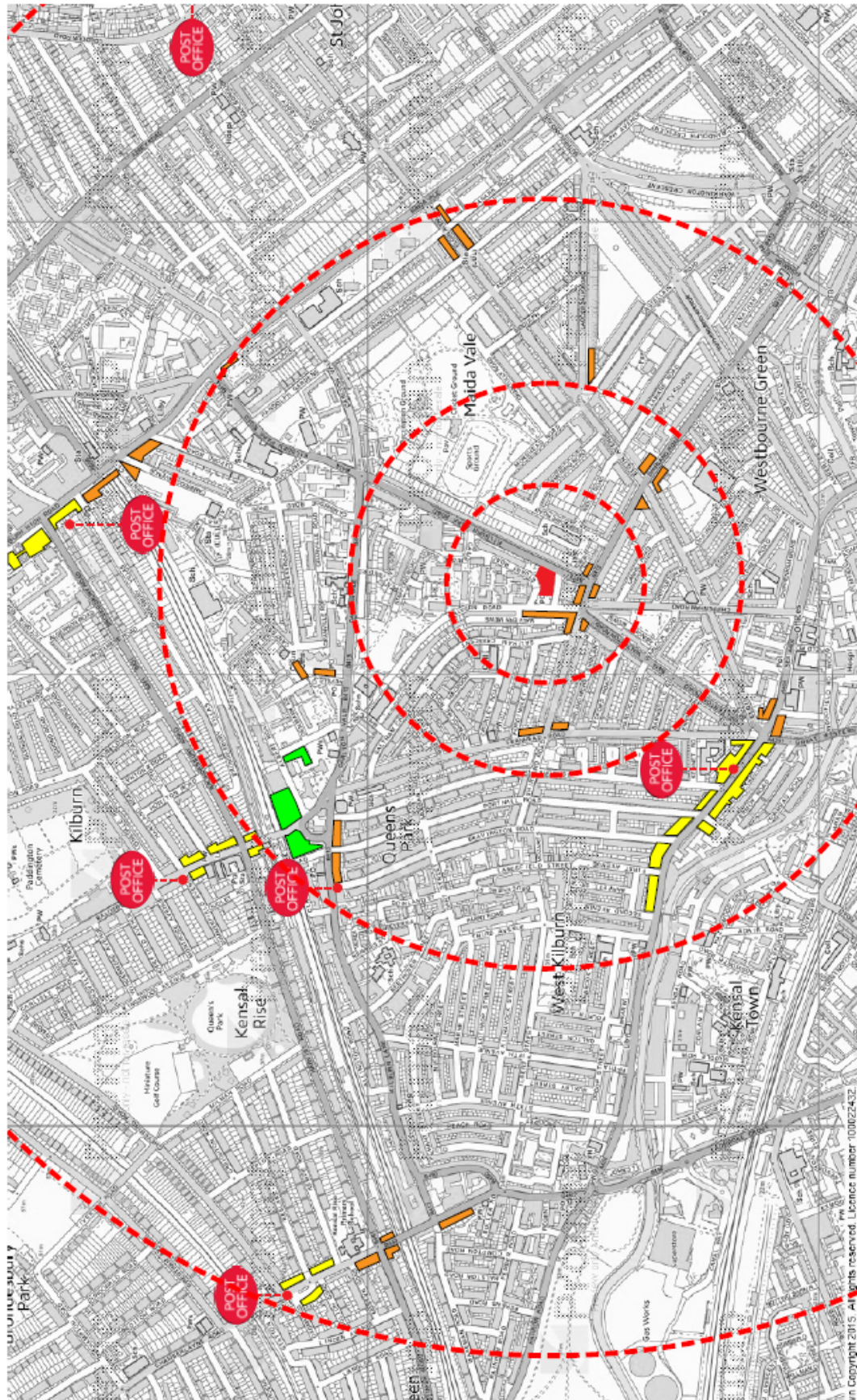
	<p>George House (New Development NW6) x20</p> <p>Gloucester House NW6 x1</p> <p>Granville Road (New Development NW6) x2</p> <p>Hansel Road (New Development NW6) x5</p> <p>Hollister House (New Development NW6) x16</p> <p>Hereford House NW6 x1</p>	<p>Princess Road NW6 x4</p> <p>Randolph Avenue x1</p> <p>Thames Court NW6 x1</p> <p>William Dunbar House NW6 x1</p> <p>Malvern Road NW6 x1</p> <p>Bond House NW6 x1</p>
Cambridge Court	<p>Canterbury Road NW6 x2</p> <p>Granville Road (New Development NW6) x5</p> <p>Merle Court (New Development NW6) x1</p>	<p>Princess Road NW6 x3</p> <p>Tavistock Road NW10 x1</p>
Fielding House	<p>Allington Road NW6 x1</p> <p>Austen House NW6 x3</p> <p>Cavendish Road NW6 x1</p> <p>Chapel Close x1</p> <p>Chatsworth Road NW6 x1</p> <p>Claremont Road NW6 x1</p>	<p>Malvern Road NW6 x1</p> <p>McDonald House (New Development NW6) x9</p> <p>Mendip House x1</p> <p>Merle Court (New Development NW6) x8</p> <p>Princess Road NW6 x3</p> <p>Purves Road NW10 x1</p>

	<p>Farm Road Wembley x1</p> <p>Fishers Way Sudbury x3</p> <p>Franklin House (New Development NW6) x7</p> <p>George House (New Development NW6) x24</p> <p>Gloucester House NW6 x2</p> <p>Granville Road (New Development NW6) x6</p> <p>Harrow Road Wembley x1</p> <p>Hereford House NW6 x1</p> <p>Hollister House (New Development NW6) x13</p> <p>Kilburn Lane W10 x4</p>	<p>Quadrant Court Wembley (new development) x1</p> <p>Sancroft Close NW2 x1</p> <p>Shackleton House NW10 x1</p> <p>Swift House (New Development NW6) x10</p> <p>Thames Court NW6 x1</p> <p>Turner Court x1</p> <p>Tylers Gate Kenton x1</p> <p>William Dunbar House NW6 x2</p> <p>William Saville House NW6 x1</p> <p>Wood Road x1</p>
Hicks Bolton House	<p>George House (New Development NW6) x2</p> <p>Merle Court (New Development NW6) x2</p>	<p>Swift House (New Development NW6) x2</p>
Marshall House	<p>Canterbury Road NW6 x4</p> <p>Chichester Road NW6 x1</p> <p>Gloucester House NW6 x1</p>	<p>Granville Road (New Development NW6) x9</p> <p>Princess Road NW6 x4</p> <p>Vincent Gardens NW2 x1</p>
Wells Court	<p>Canterbury Road NW6 x3</p>	<p>Kilburn Lane W10 x1</p>

	Canterbury Terrace NW6 x3	Mcdonald House (New Development NW6) x2
	Creswell House x1	Merle Court (New Development NW6) x5
	George House (New Development NW6) x3	Princess Road NW6 x2
	Granville Road NW6 x9	

New Homes For South Kilburn

Proposed redevelopment of 5-9 Chippinham Gardens, Kilburn Park Post Office and 4-26 Stuart Road (even numbers only)



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Second Public Exhibition 5 Nov 2015

For more information please call the Estate Regeneration Team:
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South Kilburn Regeneration Programme Housing Mix and Tenure Split: Completed and Under Construction

Phase	Site	Affordable (Social Rent)					Shared Ownership					Private					Grand Total
		1 Bed	2 Bed	3 Bed	4 Bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total	
Phase 1a (Completed)	Gordon House (now McDonald House)	3	15	8	0	26	0	0	0	0	0	0	0	0	0	0	26
	Texaco site (now Merle Court)	9	17	12	4	42	6	2	0	0	8	0	0	0	0	0	50
	Site 11A (now George House and Swift House)	23	62	17	11	113	2	17	0	0	19	3	18	0	0	21	153
	Site 3c (now Hollister House, Chase House and Franklin House)	14	30	23	8	75	0	0	0	0	0	28	0	27	3	58	133
TOTAL Phase 1a		49	124	60	23	256	8	19	0	0	27	31	18	27	3	79	362
Phase	Site	Affordable (Social Rent)					Shared Ownership					Private					Grand Total
		1 Bed	2 Bed	3 Bed	4 Bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total	
Phase 1b (Under Construction)	Cambridge, Wells and Ely Court	16	22	10	10	58	0	0	0	0	0	32	41	10	3	86	144
	Hicks-Bolton and Bond	13	26	17	8	64	0	0	0	0	0	0	0	0	0	0	64
	TOTAL Phase 1b	29	48	27	18	122	0	0	0	0	0	32	41	10	3	86	208
Phase	Site	Affordable (Social Rent)					Shared Ownership					Private					Grand Total
		1 Bed	2 Bed	3 Bed	4 Bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total	1 Bed	2 Bed	3 Bed	4 Bed	Total	
Phase 2a (Under Construction)	Bronte & Fielding	49	38	12	4	103	0	0	0	0	0	47	52	25	2	126	229
	Site 11b	11	10	6	1	28	0	0	0	0	0	35	81	0	0	116	144
	TOTAL Phase 2a	60	48	18	5	131	0	0	0	0	0	82	133	25	2	242	373
GRAND TOTAL COMPLETED OR CURRENTLY UNDER CONSTRUCTION		138	220	105	46	509	8	19	0	0	27	145	192	62	8	407	943
											3%						43%
																	100%

New homes provided within South Kilburn from 2011 to date 100% nomination to South Kilburn secure tenants for the affordable homes

McDonald House (formerly Gordon House) Network Stadium Housing) Decanting of tenants from Bond Hse, Hicks Bolton House Wood House & Marshall House						
	Status	1 Bed	2 Bed	3 Bed	4 Bed	Total
McDonald House NW6	Complete 2011	3	15	8	0	26

Merle Court (formerly Texaco site) Catalyst Housing, Decanting of tenants from Wells Court, Ely, Cambridge Court, Bond, Wells						
	Status	1 Bed	2 Bed	3 Bed	4 Bed	Total
Merle Court Carlton Vale NW6	Complete 2012	9	17	12	4	42

Albert Road Site 11A London & Quadrant Housing Decanting of tenants from Bronte & Fielding House NW6						
	Status	1 Bed	2 Bed	3 Bed	4 Bed	Total
Albert Road NW6	Complete 2012	23	62	17	11	113
Site 3C Carlton Vale NW5	Completed 2013	14	30	23	8	75

Phase 1B						
Catalyst Housing, Cambridge Ely Wells, Hicks and Bond Site. Decanting tenants from Gloucester, Durham, Masfield Wordsworth House						
	Status	1 Bed	2 Bed	3 Bed	4 Bed	Total
Cambridge Avenue, Bristol Walk, Gorefield Place	Complete 2015	16	22	10	10	58
Falconbrook & Walbrook	Complete 2014	13	26	17	8	64

Phase 2A Site Bronte/Fielding Site, Kilburn Park NW6 & Albert Rd NW6						
Decanting tenants from Hereford, Exeter, Stuart						
	Status	1 Bed	2 Bed	3 Bed	4 Bed	Total
Bronte/ Fielding Site & Network Stadium Housing	On site 2013 schedule completion 2016	49	38	12	4	103
Albert Rd L&Q Housing	On site 2013 schedule completion 2016	11	10	6	1	28

Argo Site Kilburn PK Rd Home Group Housing will be available early 2016						
Status On site schedule completion 2016	1 bed	2 bed	2 Bed equity swaps	3 Bed	4 Bed	Total
	16	7	5	0	0	28

Homes to be ready for 2016

159

Peel Site (partner not engaged as yet) Bispoke development for tenants at Peel, Neville Close and 97 to 112 Carlton House						
	Status	1 Bed	2 Bed	3 Bed	4 Bed	Total
						41

2014-15 Scrutiny Committee Meetings – Key Comments, Recommendations and Actions

Meeting Date	Item	Comments and Recommendation	Action
6th August 2014	Central Middlesex Hospital Closure Assurance Transforming Healthcare in Brent	That an update be provided on the Central Middlesex Hospital A&E closure assurance at a future meeting of the committee. That a further report updating the committee on the progress made in relation to transforming healthcare in Brent be submitted to a future meeting of the committee.	Clearer understanding of the action plan proposed. Further transparency of plans between the CCG and Brent Council.
	Call In - Changes to Recycling and Green Waste Collections	An outline of the suggested course of action of the Scrutiny Committee is to: • Seek a report responding to the concerns outlined. • Question lead member and senior officers and the leader. • If necessary, set up a very brief task finish group to examine these issues in more depth. (i) that the decisions made by the Cabinet on 21 July 2014 regarding changes to recycling and green waste collections be noted; (ii) that a review be held following a period of 9 months; (iii) that efforts should be made to ensure the removal of the green waste bins be as close as possible to 1 March 2015 to minimise inconvenience to residents.	More consideration given to the impact of residents. Ensure that longer consultation is considered for such matter in the future.
	Scope for Promoting Electoral Engagement Task Group	The scope and timeline for the task group on Promoting Electoral Engagement as set out in Appendix A to the report was agreed.	
	Budget Scrutiny Panel - Terms of Reference	The terms of reference for the Budget Scrutiny Panel as set out in Appendix A to the report was agreed.	
9th September 2014	Closure of A&E at Central Middlesex Hospital	That an update on performance at Northwick Park Hospital Accident and Emergency Department to be provided to the committee in six months time.	Further information on the progress and performance of NPH and A&E services. Holding these services to account on improved performance for residents.
	Parking Services Update	That Cabinet be requested to reappraise the existing arrangements for visitor parking permits, taking into account the serious concerns expressed by the Scrutiny Committee	Equality impact assessments to be reconsidered

		and members of the public.	
	Proposed Scope for Scrutiny Task Group on the Pupil Premium	<p>It was proposed that the task group also examine qualitative data regarding the activities undertaken by schools. He advised that holistic activities which aimed to meet emotional as well as academic needs were also very important for a child's development and attainment. It was emphasised that some enrichment activities did not deliver immediately observable results and that this should be considered when looking at the period of study. It was further suggested that the task group engage with parents and children to discuss their experiences.</p> <p>The scope and time scale for the task group on the use of the Pupil Premium, attached as Appendix A to the report was approved with the condition that the recommendations be incorporated.</p>	Recommendations made were incorporated in the tasks group's scope of work.
	North West London Hospitals Trust Care Quality Commission inspection compliance action plan	<ul style="list-style-type: none"> • Members asked for further information on plans in respect of major emergencies and emphasised the importance of ensuring key roads were open as is this had been an issue, for example, during the 7 July 2005 London bombing incidents. • Members also asked whether the planned additional beds at NPH had happened and if so how many. The committee sort views with regard to the progress made since the CQC inspection and how confident was the Trust that the action plan would achieve the objectives and within the timescales set. <p>The Chair requested that a report be presented to the committee in about two months' time updating them on progress with the action plan, including whether the measures listed were on target to be achieved within deadlines set. In addition, any members who had questions requiring specific details were to submit these to Cathy Tyson (Head of Policy and Scrutiny, Assistant Chief</p>	

		Executive Service) who coordinate responses from NWLHT.	
	Local Safeguarding Children Board annual report	The Chair stated that a briefing note updating the work of the task group on the Pupil Premium would be provided to members. He emphasised the importance of safeguarding children and welcomed the report.	Gaps in the report which the committee raised have been considered and will be included in the next annual report
	Draft school places strategy	<ul style="list-style-type: none"> • Whilst members appreciated the opportunity the presentation gave for pre-scrutiny prior to a report going to Cabinet, enquired whether officers were confident that primary schools could maintain educational standards as they got larger. • Members also asked whether placing Special Educational Needs (SEN) pupils was relatively trouble free. A question was raised as to whether schools in the north of the borough were taking more pupils than those in the south and where could details be found of pupil numbers throughout the borough. Another member asked whether school expansion posed risks in terms of whether there was sufficient infrastructure in place. <p>The Chair concluded discussion by acknowledging the large interest from members and other councillors on this item and in noting the improvement in placing pupils in the last two years. However, he emphasised the need to sustain progress and requested that school places be considered at a Scrutiny Committee meeting in around two months' time.</p>	
	Children's centres	<ul style="list-style-type: none"> • Member suggested that the children centres were concentrated in a particular area and neglected the north of the borough. Members sought advice on what members should be focusing on in view of the fact that the report had already been approved by Cabinet. • A member sought clarity that the children's centres provided for those children up to and including four years of age. In noting that children were entitled to nursery places between two to three years of age, she sought further reasons for how children's centres were being 	

		<p>used.</p> <ul style="list-style-type: none"> • In respect of the Barham Park building, it was noted that there were proposals for a nursery to be included; however sought clarity on this matter as Barham Park Trust had stipulated that the building was for community use only and the lack of consultation on this proposal had also angered residents. <p>The Chair commented that the long term future of the children's centres would be clearer in around four months time and he requested that an update be provided to the committee at around that time.</p>	
3rd November 2014	Employment, Skills and Enterprise Strategy consultation	<p>The Chair acknowledged the substantial work that had been undertaken in developing the strategy and the progress made so far. He requested that a progress report on the strategy be presented to the committee in two to three months' time.</p>	
	Overall impact of the Benefit Cap in Brent after one year of implementation	<ul style="list-style-type: none"> • Member asked if any lessons had been learnt since the OBC had been introduced and had there been any surprising developments. • Members also asked if there were any strategic issues that needed consideration in the future. In respect of resource issues, comments were sought about how significant these were and what were the expectations in the medium term. A question was raised as to where customers who moved out of the borough were moving to. • A member asked if the council was able to assist Brent CAB in dealing with the increased demand that they were struggling to cope with and was there any help for single under 35 year olds on Benefits. <p>The Chair explained that this item had been requested shortly before the meeting and this is why a presentation had been given. The importance of continuing to engage with residents about welfare reforms was emphasised and it</p>	

		was requested that the committee receive regular updates on this issue.	
26th November 2014	Care Quality Commission Quality Compliance and Quality Improvement Action Plan	<ul style="list-style-type: none"> Members sought an update was sought on Delayed Transfers of Care, responding to the committee's queries <p>NWLHT advised that the CQC had commented on the open and frank culture amongst staff.</p> <p>That an update on the progress made in addressing the recommendations of the CQC be presented to a future meeting of the committee.</p>	
	Local Impact resulting from Changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital	<p>The committee questioned what contingency plans were in place if it was found that the proposals were not feasible or appropriate. It was questioned whether similar modelling had been undertaken regarding the anticipated dispersal of service pressures for A&E units following the closure of the unit at Central Middlesex Hospital (CMH).</p> <p>That the committee be provided with an update on the implementation of the proposed changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital at a future meeting.</p>	
	Developing Central Middlesex Hospital	<ul style="list-style-type: none"> The committee sought further information regarding the provision of in-patient mental health service at the Park Royal site. Queries were raised regarding the consultation activities undertaken, including the number held and how they were advertised. Further details were sought regarding the services available in the North of the borough and the procedures in place to deal with large scale health emergencies. A view was put that consultation on changes to primary care had been poor. Councillor Daly requested that details of the number of beds to be removed across North West London under SaHF be provided to her in writing. <p>(i) That the update report be noted</p>	

		(ii) That further information regarding the proposals for Central Middlesex Hospital be provided to the committee in writing and include a breakdown of the financial implications of the proposals.	
	Promoting Electoral Engagement - Scrutiny Task Group report	That the recommendations of the 'Promoting Electoral Registration' task group as detailed in the report be endorsed.	Since the report was agreed by service areas, the Programme Management Office has been tasked with developing a project to support the implementation of the recommendations. The Project started in January 2015 with an advertising campaign. The team have completed promotional activities and are now focusing on outreach and community engagement activities. Since the beginning of the project voter registration has increased by 2768.
6th January 2015	Safer Brent Partnership Annual Report 2013 - 2014	The Chair welcomed the SBP report and stressed the need to continue dialogue between the partners in the SBP and the community. He requested that the committee receive an update on the work of the SBP in around six months' time.	Refocus on VAWAG stats, number may be going up, but this is due to more confidence in reporting and better recording of incidents.
	Interim feedback from the Budget Scrutiny Task group	Members suggested that the Investments and Pensions Manager be invited to the next Budget Scrutiny Task Group meeting. The Chair concluded by stating that there was still much work to do before the final task group report and the recommendations it would make.	The Cabinet responded positively to the concerns raised and the debates held by the Budget Panel Task Group of the Scrutiny Committee. . The Budget Panel's report and recommendations were included as part of the Final Budget Report which was agreed by the meeting of Full Council in March 2015.
10th February 2015	Current Status of Systems Resilience Group and Winter Pressure Update	<ul style="list-style-type: none"> • The committee commented that they had been told at previous meetings that transferring staff from the closed A&E at CMH to NPH would lead to improvements in staffing levels and clarification was sought as to whether this had been demonstrated. • An explanation of the difference between bank and agency staff was requested and members asked what the 	

		<p>ring fenced grant in respect of delayed transfers of care was specifically for and what was the size of the grant.</p> <ul style="list-style-type: none"> • Members added that he had a positive personal experience when he had needed to visit the A and E at NPH around Christmas time and the service he received was efficient. <p>The Chair added that in some reports, the information was provided was not always as clear as it could be and was difficult to explain to residents and he asked that this be taken into account in future reports. He asked that an update on the SRG be provided at a future meeting.</p>	
	Brent Education Commission - six month update on the implementation of the Action Plan	<p>(i) that the contents of the report be noted and that a further update be received in the autumn of 2015;</p> <p>(ii) that the introduction of a proportionate approach to school improvement and the more robust challenge offered to schools at risk of underperforming be welcomed; and</p> <p>(iii) that the local authority's role in progressing a shared approach to supporting schools with its key educational partners, including Brent Schools Partnership and the two Teaching School Alliances be welcomed.</p>	
	Annual report academic year 2013-14: Standards and achievement in Brent schools	<p>The Chair requested that an update on this item be presented to the committee at a meeting in the autumn of 2015.</p> <p>(i) that the priorities proposed for 2014-15 intended to accelerate improvement be noted; and</p> <p>(ii) that the progress made in the overall performance of Brent's primary schools in 2013-14 be welcomed.</p>	
11th March 2015	Update on Customer Access Strategy	<ul style="list-style-type: none"> • Members asked whether the testing would be undertaken borough wide and it was commented that the triage system had worked well to date and asked whether there was training for staff in dealing with particularly complex issues. • Members also asked what would be ideal way in which residents would describe the service they had 	

		<p>experienced as far as the council was concerned.</p> <ul style="list-style-type: none"> • Members sought further information on what service areas had been underperforming and how was misdirecting of calls by the switchboard being monitored or picked up. In terms of calls reported as misdirected, it was asked if this was formally recorded. • Comments were made regarding a danger of making the council too remote from the community by shifting access via IT and telephony channels and removing opportunities for direct contact with residents <p>The Chair requested an update on this item for the December 2015 Scrutiny Committee meeting. That the progress being made in implementing the aims of the new Community Access Strategy be noted</p>	
	Housing pressures in Brent	<ul style="list-style-type: none"> • Member stated that issue of extensions in rear gardens needed to be investigated more. • Another member queried whether information held on landlords was confidential and • Member commented that it was regretful that the large housing stock the council had in the 1980s had been eroded by selling a significant proportion to housing associations at lower cost over the past few decades. It was added that he felt that the council's Pension Fund should invest more in housing. <p>The Chair requested an update on this item in six months' time, including details of the number of people who were leaving the borough. That the report on housing pressures in Brent be noted.</p>	
	Unemployment and Work Programme providers	The Chair emphasised the importance of the non disclosure agreement being reached between the Work Programme providers and the council. He added that it would be useful	The issue of cooperation with work programme providers has been highlighted and a greater urgency to

		<p>if there could be more information on how the council could assist Work Programme providers and their clients and that there needed to be a more joined up approach. He requested that the committee receive updates on unemployment levels and Work Programme providers on a quarterly basis.</p> <p>That the report on unemployment levels in Brent and the Work Programme be noted.</p>	<p>resolve some of the minor partnership issue is now at the forefront to the committee's agenda. Non disclosure agreements are being completed.</p>
30th April 2015	Environmental Sustainability Agenda	<ul style="list-style-type: none"> • In the subsequent discussion, the committee queried the ways in which the council could effect behavioural change regarding waste and recycling amongst residents and businesses. • The committee also questioned how retailers could be encouraged to reduce packaging and the financial benefit for the council of improved recycling rates. • Members sought further details regarding relationships with partner agencies, such as TFL and Northwest London Hospitals Trust. With regard to the former, it was queried what work had been done to identify pollution hotspots in the borough, whether there was any correlation with bus routes and how active reporting could be encouraged when buses were left running whilst parked. • The committee raised several queries regarding air pollutants and the use of diesel fuel, seeking information on when TFL would be introducing non-diesel buses, how the council would encourage the use of non-diesel private and commercial vehicles, how traffic flow could be improved across the borough and the number of charging points provided in Brent for electric vehicles. • Further information was sought regarding the work done with property developers across the borough, in recognition of the challenges for the existing infrastructure of increased road users. • Officers were also asked to comment on whether consideration had been given to seeking an extension of 	<p>Highlight to the committee the work undertaken across key service areas to address the issue of sustainability. Focusing on five key areas: transport and travel; air quality; in-house carbon management; street lighting and parking; public realm and waste; and parks and biodiversity.</p>

		<p>the Mayor of London's bike hire scheme.</p> <ul style="list-style-type: none"> • Members requested details of the number of staff responsible for addressing issues of sustainability and whether these were sufficient to support progress in this area. <p>That an update on the Environmental Sustainability Agenda be to the committee in six months time.</p>	
	Future Commissioning intentions of Brent Clinical Commissioning	<ul style="list-style-type: none"> • Members questioned the quality of engagement with community groups, emphasised the failure to meet national performance standards in the previous year, questioned what was being done differently to address these issues and sought specific timescales for achieving improvements. • Members queried what action was being taken to raise awareness of dementia amongst different communities, including the provision of materials in a variety of languages. • Members sought clarity regarding Brent CCG spending for 2014/15, noting that having accounted for commissioning for acute and community care there remained approximately a further £80m unaccounted for. • Members further queried the 2014/15 spending on enhanced GP services and the work undertaken to evaluate their success. <p>That an update be provided to a future meeting of the committee</p>	
	Use of Pupil Premium Grant Scrutiny Task group	<p>(i) that the recommendations of the task group be endorsed (ii) that subject to Cabinet agreement of the recs, an update on the implementation of the task group's recommendations be provided to a future meeting of the Scrutiny Committee</p> <p>The recommendations of the Pupil Premium Task Group be endorsed, subject to Cabinet approval. The committee</p>	<p>To date, the work done by the task group has raised the profile of the Pupil Premium. It has also encouraged further partnership working by the council, schools, Children Centres, parents, children and all educational providers. The task group has opened up the</p>

		receive an update on the implementation of the Task Group's recommendations at a future meeting of the committee.	discussions for innovative use of the PPG in Brent.
	Scrutiny Annual Report 2014/15	<p>Committee members were invited to submit feedback on the draft report which would be finalised for the end of May 2015.</p> <p>The draft Annual Scrutiny Report 2014/15 was noted.</p>	The Annual report highlights the work that the scrutiny committee has undertaken this year. Focussing on the part that the committee has played in key council decisions which have lead to improved outcomes and services for residents.
	Equalities and HR Policies and Practices Review and draft Action Plan	<ul style="list-style-type: none"> • Concerns were raised regarding the number of staff failing to receive supervisory appraisals, the implications this had for staff progression and whether managers were using the appraisals as an effective tool to support staff. • Clarity was sought on the policy for medical appointments and assurance was requested that this was not considered a reasonable adjustment for disabled employees. • The issue of unconscious bias was raised and it was strongly suggested that this form a core element of any training provided around recruitment. • Further details were requested regarding the training and support provided to members appointed to the Senior Staff Appointments Sub Committee. • With regard to BME representation at senior management, members queried how the council compared to other boroughs and whether there was an opportunity to learn from the practices of other local authorities. <p>The Chair highlighted the importance of ensuring that there was robust monitoring of the action plan and the committee agreed that an update should be provided on the progress achieved in six month's time.</p>	
16th June 2015	Paediatric Services - CCG	<ul style="list-style-type: none"> • Members requested a copy of the data modelling which was used by Shaping a Healthier Future to assure the CCG of the projections of demand to underpin the case for 	Joint report produced on behalf of Brent Clinical Commissioning Group (CCG) and London North West Healthcare NHS Trust

		<p>transfers of services from Ealing to Northwick Park and the future bed capacity required in the paediatric services at NWP. They also requested the data that will be used to inform reassurance decisions next March.</p> <ul style="list-style-type: none"> • Members request that the Accountable Officer – CCG, provide further details of the financial costs set out in the table at para 2.2 regarding how the same level of paediatric service would be achieved within reduced costs. <p>The committee requested that they receive a further update from the CCG on the information used to reach assurance on the safe and smooth transfer of services at their meeting in February 2016. CCG /NWLHT agreed to this request.</p>	<p>(LNWHT). Provide insight into the Paediatric Services and current provision provided to Brent residents. Highlight the potential impact on Northwick Park Hospital with regards to the impending changes to paediatric services at Ealing Hospital taking place on 30 June 2016.</p>
	Access to GP services Interim Task Group Report	<p>The committee requested that the final report on the access to GP services should include further information on:-</p> <ul style="list-style-type: none"> • Details of the location of GP hubs, public awareness of the GP hub mechanism and any evidence of the public's confidence in their GP. • How the future publicity campaign for GP hubs will be delivered. • Members requested information on how many GP's were sited in single GP practices or in practices with more than one GP. The also requested information on the numbers of GP's who are approaching retirement age. • Information was requested on how many GP practices were experiencing difficulties in recruit trained staff and if this was related to housing costs. Any information on how GP's are addressing recruitment problems. • Information on the numbers of people registered with a GP, number of people not registered and those who may still be registered with a GP in Brent but have moved away. <p>Members requested that the additional information</p>	<p>Interim feedback on the work of the Scrutiny Task Group focused on Access to Extended GP Services and Primary Care in Brent. Provided an outline of the task group scope, methodology and an overview of emerging findings and recommendations.</p>

		requested is included within the final report of the task group on GP services which will be considered at the July meeting of the Committee.	
	Brent Public Health Update	<ul style="list-style-type: none"> • Members requests that the financial return for Public Health expenditure made to the Department of Health is also circulated to scrutiny. • Members asked for a detailed breakdown of the numbers of people offered and accepting a health check update by GP practice • It was requested that a breakdown of the drugs and alcohol budget with numbers of patients in treatment by type of treatment is provided to the committee. This should include the indicative figures for the range of spend per patient for different types of treatment packages. • The number of people who have been helped to stop smoking by GP practice. • There was also a request for some future work to be undertaken on the school nurse service. This has only recently come under the councils contracting responsibilities and further work is being undertaken on the future contractual priorities. <p>Members commented that the report while outlining the expenditure and priorities for improving public health did not provide a picture of the impact made in tackling health inequalities. Would like further information on the actual change in prevalence of preventable health conditions.</p>	Highlight new local authority Public Health responsibilities and how the Council is discharging this responsibility as a result of the Health and Social Care Act 2012.
	Access to affordable childcare	<ul style="list-style-type: none"> • Members requested further information on the use of discretionary housing payments to support childcare costs for people moving into employment who have been affected by changes in welfare benefit payments. • It was asked if any work has been undertaken to assess the impact of support given to parents to access employment. 	Focused look at the challenge of providing access to affordable and quality Childcare.

		Members asked to receive an update on the implementation of the overall Child Poverty strategy in 2016.	
14th July 2015	Brent Housing Partnership - Performance	<ul style="list-style-type: none"> • Questions were asked on the cost of BHP modernising its computer systems, income from leaseholder charges and details of where the charges had been defended against legal action. • Members of the committee questioned the delays in job completions. • Members also asked how cases of anti social behaviour and illegal sub-letting were handled. • Members requested further information from BHP on Void times, complaints, communication with residents, seeking possession and illegal sub-letting. 	An overview of BHP 2014/15 performance, providing a demonstration of how it works to deliver objectives set out by the council.
	Developing Scrutiny Work Programme 2015/16	<p>It was confirmed that the Budget scrutiny panel would be reconvened to consider the budget for 2016/17.</p> <ul style="list-style-type: none"> • The committee asked that a briefing paper be provided on how the protection of pubs had been incorporated into the Development Management Plan. • That a briefing paper be provided on the admissions policies adopted by different types of schools. • That the chair, education co-opted members and a senior officer from the Children and Young People's department meet to discuss the education related topics. <p>(i) That the arrangements and principles for the effective operation of the Scrutiny Committee, as set out in paragraphs 3.1 – 3.6 of the report submitted, be noted;</p> <p>(ii) That the proposed process for defining the annual work programme for scrutiny detailed at paragraphs 3.10-3.14.</p>	Arrangements of the future operation of the Scrutiny Committee and the process for developing a robust work programme.
12th August 2015	The Councils future Transport Strategy	The Committee expressed concern that the strategy was too brief and lacked ambition. Members felt that it lacked evidence in places whilst making certain assertions and was rooted in the possibilities as they related to Transport for	An opportunity for the Scrutiny Committee to review and comment on the councils draft Long Term Transport Strategy (LTTS) before it is submitted to Cabinet.

		<p>London (TfL) and the availability of funding rather than going beyond this into areas where the Council needed to send out strong messages and councillors needed to lobby to address some of the major transport concerns in the borough.</p> <ul style="list-style-type: none"> • Scrutiny Committee recommends that Cabinet defer taking a decision on approving the Long Term Transport Strategy for Brent so that fuller consideration can be given to the points raised on it by the Committee; • Scrutiny Committee requests that Cabinet note the comments made by the Committee and agrees to the recommendations below being more fully addressed in the finally agreed strategy: <ol style="list-style-type: none"> i. The strategy needs to be more ambitious and incorporate reference to schemes on which the Council might need to lobby in order to see them progress. ii. The strategy should not be restricted to only those schemes and improvements that might be supported by TfL and included in LIP submissions, especially bearing in mind the forthcoming London Mayoral Election when a new Mayor will be elected who might have different priorities. There is a need for the serious public transport issues and road usage problems to be addressed. iii. Reference should be included of the Dudden Hill rail line and it's potential. iv. The possibility of a conflict of approach with neighbouring boroughs and the need to develop shared visions with other boroughs on those transport issues at the borough boundary should be articulated. v. Greater focus should be given on equality of access from the different geographical areas of the borough (North/South – East/West). 	<p>The LTTS has been developed to provide strategic direction to the transport investment throughout the borough over the next 20 years (2015-2035)</p>
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		<ul style="list-style-type: none"> vi. A review of the document should be undertaken to remove some of the assertions made or support them with more evidence based statements and give a clearer focus to the strategy, bearing in mind that many of the 'daughter' strategy papers have yet to be written. vii. The strategy should include demographic evidence and have a greater focus on access to primary locations such as hospitals, schools, leisure centres etc. viii. Greater prominence should be given to the work being undertaken with schools to improve safety and congestion around schools. ix. A stronger message should be included on the health effects of diesel and the implications of this around the movement of freight. 	
	Food Standards Audit	<ul style="list-style-type: none"> • Members of the committee questioned Officers and the lead member on structure and staffing of the team. Members made inquire about the numbers and the profile of Brent businesses, with emphases on the risk categories. Members were keen to know what penalties the council could face if improvements are not made. • Members wanted to know how the budget for the services was currently being spent and how this related to the improvements required. • One Member questioned how the present situation impacted on the health of local residents. <p>The findings of the Food Standards audit carried out in July 2014, the issues arising, response to date and the planned actions were noted.</p>	A detailed look into the July 2014 Food Standards Authority audit of the Councils discharge of its Food Safety Act 1990 duties. The report further highlighted the audit reports findings and the Councils responses including the action plan the Council is using to monitor progress.
9th September 2015	Central and North West London NHS Foundation Trust - Care Quality Commission report and action plan	<ul style="list-style-type: none"> • Members were most concerned with the mental health services and questioned the savings and cuts made by CNWL and where these cuts had been made. • Members were concerned with the number of patients absconding from units and asked for further clarification on patients who were subject to section 17. 	The published Care Quality Commission (CQC) report on the quality of services provided by Central North West London NHS Foundation Trust and an action plan has been developed by the Trust to respond to the findings of the inspection.

		<ul style="list-style-type: none"> • Members questioned how long children were waiting for CAMHS appointments from referrals and how referrals were made for children with Attention Deficit Hyperactivity Disorder (ADHD). • Questions were asked about the numbers of restraining incidents, how many took place at Park Royal which was of particular concern and how many were recorded as being supine restraint. Reference was also made to the use of rapid tranquilisation restraint. <p>The committee requested a progress report in 6 months and a separate report in 3 months on the redesign of services in light of saving cuts.</p>	
	Scrutiny task group on Access to extended GP services and primary care in Brent	<ul style="list-style-type: none"> • Task group members explained that they had not been able to look into the optimum size for a practice but it was clear that there was a range of varied opening hours and gaps in service during lunch hours and Wednesday and Thursday afternoons. • It was the decision of the GP on hours of service and the task group had not been able to obtain full information on what out of hour's service there was. Members expressed surprise that communication plans were not integral to the delivery of services. • It was the understanding of the task group members that the CCG would consider the recommendations of the task group and make a formal response. The task group would meet again in six months time to consider the response of the CCG and progress with implementation of their recommendations. <p>That the recommendations made by the task group be approved and an action plan developed across partner organisations to take them forward;</p> <p>That a progress report on implementation of the</p>	The committee received the report of the task group that had been established to review the primary care element of Brent CCG's transformation programme and assess the extent of the changes and investment made in the Brent GP networks and primary care services.

		recommendations be submitted to the committee in six months time.	
	Terms of reference for task groups on Fly Tipping and CCTV	<p>That the scope, terms of reference and timescale for the task group on CCTV in Brent, as set out in the appendices attached to the report submitted, be agreed.</p> <p>That the scope, terms of reference and timescale for the task group on fly tipping in Brent, as set out in the appendices attached to the report submitted, be agreed.</p>	The reports set out the proposed scope for the Scrutiny task group on Fly Tipping in Brent on Close Circuit Television (CCTV) in Brent
	Scrutiny forward plan and key comments, recommendations and actions	<p>The Chair circulated a proposal for a task group on school governance and invited members of the committee to suggest issues to be included in its scope.</p> <p>The Chair suggested the following further items to be subject to scrutiny:</p> <ul style="list-style-type: none"> • school admission policy • children and young people mental health • adoption • the Council's budget setting (to be the work of a task group) • housing associations • section 106 and CIL <p>That the scrutiny forward plan and the key comments, recommendations and actions be noted.</p>	
8th October 2015	2015 Parking Strategy	<ul style="list-style-type: none"> • It was suggested that the strategy could include more on changes that could made in the future, the impact of parking restrictions on businesses and how to amend CPZs. • Also raised was the impact of planning permission for developments without parking spaces in the south of the borough and the amount of income from parking enforcement. 	The Committee received a report on the 2015 Parking Strategy. The strategy draws together existing policy into a single document, with the aim of providing a clear statement of the council's strategy intent with regard to parking services, which will inform the development of future individual policies. The Scrutiny committee was asked to consider and

		<ul style="list-style-type: none"> • Members questioned who was the focus of the council's vision? Residents or visitors? Enforcement of traffic schemes and CPZs was also raised. • Questions were raised on parking enforcement outside schools and the need for more analysis of opening and closing times, school expansions and the need for more improved signage for parking restrictions. • Members queried comparison with other local authorities and the arrangements in place to work with neighbouring boroughs on shared boundaries. • The committee agreed that the north and south of the borough experienced different problems given the shortage of off-street parking and relatively small parking spaces between houses in the south compared with the north of the borough's commuter parking problems. • Concern was also expressed over parking around schools and the likelihood of accidents and the need for parking arrangements to be in place for visitors to places of worship. • Members suggested a need for a hierarchy of on-street street parking. It was suggested a distinction be drawn between parking 'need' and parking 'demand', citing the example of people with disabilities who depended entirely on the use of their cars. Additionally, local businesses should be prioritised and also essential workers and care workers should not be given a lower priority than residents. • It was felt that a one hour parking restriction in a particular area would help alleviate the impact of CO2 emissions. Views were expressed in support of children being encouraged to walk to school and parking charges being reduced to encourage shoppers into the borough. 	comment on the strategy and forward their comments to the Cabinet for their consideration at the meeting on 16th November 2015.
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		<ul style="list-style-type: none"> • Questions were also raised on modern camera technology and whether efforts had been made to generate income. The view was also put that the Strategy should be less optimistic in tone so as to manage expectations, given the council's financial position. <p>That the 2015 Parking Strategy be noted and comments forwarded to the Cabinet for their consideration at the meeting on 16 November 2015.</p>	
	Complaints Annual Report 2014-15	<ul style="list-style-type: none"> • Concerns were expressed at the relatively high number of complaints fully or partly upheld at first stage and also at final stage. • Members questioned the possible reasons behind findings of poor customer care, the extent to which it was attributable to a lack of training or low staff morale and whether there were patterns between services. • Members also questioned the response times and heard that most were resolvable within the 20 days target and questioned whether straightforward cases where the council was at fault were accepted and apologies issued at an early stage. • Members requested justification for the view expressed in the report that customers resorted to the complaints process as a means of having a negative decision reviewed. • Members also questioned what action was being taken to compensate cases where homeless families have been kept in bed and breakfast accommodation longer than the maximum six weeks. • Concern was also expressed at complaints over Veolia staff behaviour suggesting the need for independent audit. Members agreed on the need for improved communication with the public. 	The scrutiny committee received an overview of the corporate complaints received by the council during the period April 2014 to March 2015.

		<ul style="list-style-type: none"> • Concern was also expressed at the length of time taken to complete repairs and questioned why this was the case especially for urgent cases involving residents' safety. • The Committee suggested that staff should be more empathetic and less judgemental of complainants. • The committee suggested that there was a democratic deficiency with many residents not aware of the council. A change in terminology from customers to residents was suggested to help bring about an attitudinal change. <p>RESOLVED:</p> <p>(i) that the council's performance in managing and resolving complaints be noted;</p> <p>(ii) that the actions being taken to improve response times to complaints and reduce the number of complaints which escalate to the final review stage be noted;</p> <p>(iii) that a progress report be submitted in six months' time.</p>	
	Fly Tipping task group scope	<p>RESOLVED:</p> <p>that the scope be noted.</p>	The Committee considered the proposed scope for the Scrutiny task group on Fly Tipping in Brent. The task group had been requested by the Scrutiny members in response to communicated concerns from Brent residents.
5th November 2015	Brent Local Safeguarding Children Board Annual Report	<ul style="list-style-type: none"> • Members of the committee asked a series of questions regarding the OFSTED inspection concerns. • Members enquired about the funding cuts faced by the Metropolitan Police and how this would impact on the work of the Board. • Members asked question regarding data on FGM and work on anti radicalisation. Members also expressed concern that the Board did not have a specific strand of work on looking at the welfare of those children who were homeless. • The Committee recorded its concern over the issue of 	The independent chair of the Brent Local Safeguarding Children Board (LSCB) present the LSCB annual report to Scrutiny members.

		<p>transitory families and the effect this could have on children and that all the partner agencies were fulfilling their responsibilities in this area.</p> <ul style="list-style-type: none"> Members questioned the outcome of the work of the Board and the evaluation of the training. <p>RESOLVED:</p> <p>(i) that the LSCB annual report be noted;</p> <p>(ii) that the Committee's concerns regarding the welfare of children within transitory families and temporary housing be passed back to the Board.</p>	
	Scrutiny task group on Closed Circuit Television (CCTV)	<ul style="list-style-type: none"> The committee questioned the law on the deployment of CCTV. Concern was expressed that by adopting a traffic light approach to deploying CCTV, this would take from areas of less crime which would then be vulnerable to an increase in crime. Reference was made to the Cleaner Brent App and if this could be linked to CCTV. <p>Councillor Denselow identified eleven of the recommendations as being capable of either being included in the strategy or that were already in progress. The other eleven recommendations would need to be further explored with input from other parts of the Council such as legal and planning. However, he felt all the recommendations could be implemented.</p> <p>RESOLVED:</p> <p>(i) that the recommendations of the scrutiny task group on closed circuit television (CCTV) be approved and the development of an action plan across the Council and with partner organisations be supported;</p>	<p>The task group was requested by the Scrutiny Members in response to Brent resident's requests for increased levels of CCTV in the borough. The purpose of the task group was to analyse and understand the effectiveness of CCTV in Brent and its impact on reducing anti social behaviour crime, and, to review policies and processes in comparison to others and best practice. The report outlines the task group's findings and recommendations.</p>

		(ii) that a progress report against the recommendations be submitted to the committee in six months time.	
	Scrutiny task group on Fly tipping	<ul style="list-style-type: none"> • It was suggested that the recommendation to give the Cleaner Brent App further publicity could be actioned by adding a footnote to Council correspondence. • It was pointed out that a lot of the recommendations involved Veolia and it was questioned whether Veolia would take on these suggestions. • With regard to the collection of bulky waste, the view was put that it was important to provide an efficient collection service to avoid it being dumped. • Reference was made to the people whose job it was to go out in the borough and it was asked whether they had a duty to report dumped waste. • Questions were asked on how the suggested community clean-ups might work. <p>Councillor Southwood stated that there was nothing in the recommendations affecting Veolia that could not be implemented through the current contract the Council had with them. She supported the point made about language leading to a misunderstanding of what fly tipping was. She felt that none of the recommendations presented anything that was unachievable or undeliverable. She agreed that local people needed to be empowered to take action against illegal dumping.</p> <p>RESOLVED:</p> <p>(i) that the recommendations of the scrutiny task group on fly tipping be approved and the development of an action plan across the council and partner organisations to take them forward be supported;</p> <p>(ii) that a progress report against the recommendations be submitted to the Scrutiny Committee in 6 months time.</p>	The task group was requested by the Scrutiny Members in response to communicated concerns from Brent residents regarding increased fly-tipping levels. The purpose of the task group was to analyse and understand the borough's knowledge, behaviour and understanding of fly-tipping, and to review local fly-tipping policies and processes of the council and its partner's. The report outlines the task group's findings and recommendations

	Scrutiny forward plan and key comments, recommendations and actions	That the Scrutiny Committee forward plan be noted. The actions listed against the key comments and recommendations from meetings of the Scrutiny Committee during 2014/15 were noted	
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**Scrutiny Committee
Forward Plan 2015/16
December 2015**

Date of Committee	Agenda items	Responsible officers
Wednesday 2 December 2015	<ul style="list-style-type: none"> • South Kilburn Regeneration • Commissioning of GP Contracts • Future Commissioning intentions of Brent Clinical Commissioning Group 	<p>Andy Donald, Strategic Director of Regeneration and Growth. NHS London and Brent CCG</p> <p>Brent CCG</p>
Wednesday 6 January 2016	<ul style="list-style-type: none"> • Budget Scrutiny Report • Update on the impact of the charging for Green waste collection. • Safer Brent Partnership – update on progress. 	<p>Chair of Scrutiny</p> <p>Lorraine Langham, Chief Operating Officer</p> <p>Chair of Safer Brent Partnership</p>
Tuesday 9 February 2016	<ul style="list-style-type: none"> • Current Status of Systems Resilience Group and Winter Pressure update • Children and Adolescent Mental Health Services • Equalities and HR Policies and Practices Review and draft Action • Employment, Skills and Enterprise Strategy update 	<p>NHS London and Brent CCG</p> <p>Brent CCG and Gail Tolley, Strategic Director of Children and Young People</p> <p>Lorraine Langham, Chief Operating Officer</p> <p>Andy Donald, Strategic Director of Regeneration and Growth</p>

Date of Committee	Agenda items	Responsible officers
Wednesday 24 February 2016	<ul style="list-style-type: none"> School Achievement Report Draft school places strategy Overall impact of the Benefit Cap in Brent after two years of implementation CIL/S106 Task Group Report 	<p>Gail Tolley, Strategic Director Children and Young People Gail Tolley, Strategic Director Children and Young People Andy Donald, Strategic Director of Regeneration and Growth</p> <p>Chair of task group</p>
Tuesday 5 April 2016	<ul style="list-style-type: none"> Adoption – implications of changes to national policy guidance. Brent Education Commission - update on the implementation of the Action Plan SEN and Disability Transitional Arrangements 	<p>Gail Tolley, Strategic Director Children and Young People</p> <p>Gail Tolley, Strategic Director Children and Young People</p> <p>Gail Tolley, Strategic Director Children and Young People.</p>
Tuesday 26 April 2016	<ul style="list-style-type: none"> Annual Report of Scrutiny Committee Update on Customer Access Strategy Housing pressures in Brent 	<p>Cathy Tyson, Head of Policy and Scrutiny</p> <p>Lorraine Langham, Chief Operating Officer</p> <p>Andy Donald, Strategic Director of Regeneration and Growth</p>
Tuesday June 2016 (TBC)	<ul style="list-style-type: none"> Unemployment and Work Programme providers Environmental Sustainability Agenda Access to affordable childcare 	<p>Andy Donald, Strategic Director of Regeneration and Growth Lorraine Langham, Chief Operating Officer</p> <p>Gail Tolley, Strategic Director Children and Young People</p>

Date of Committee	Agenda items	Responsible officers
Wednesday July 2016 (TBC)	<ul style="list-style-type: none"> Update - Central and North West London NHS Foundation Trust - Care Quality Commission report and action plan Complaints Annual Report 2014-15 	<p>NHS London and Brent CCG</p> <p>Lorraine Langham, Chief Operating Officer</p>

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